requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN: The law eroined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely should be detached for use as the buriol-transit permit. Then please remove carbonoppers. Pages, Lond 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

## STATE OF MARYLAND

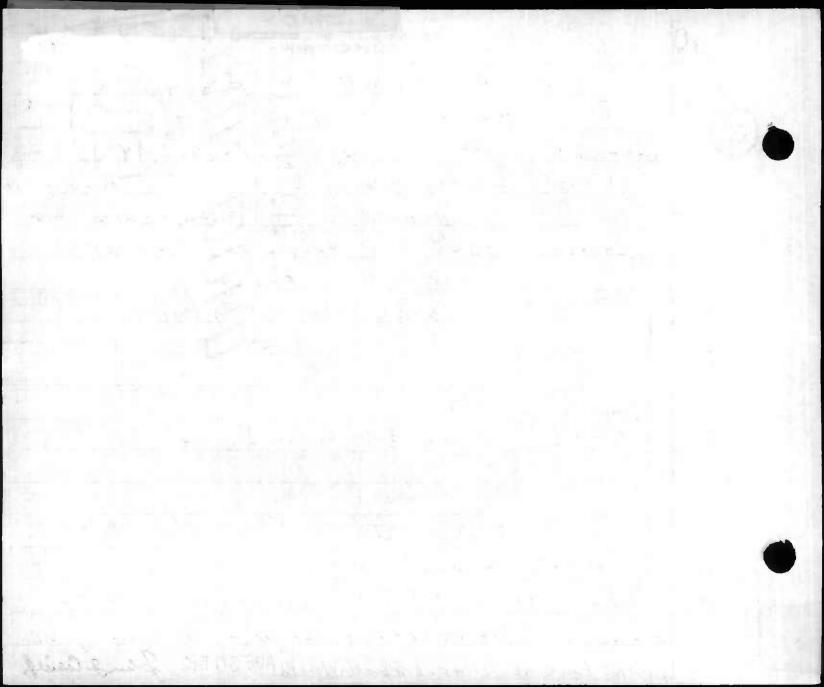
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

10	1 -	STATE REGISTRAR	DEI ARTI	CERTIFICATE OF DEATH	REG. NO	
		CEASED NAME HERST	u M. A	bboth.	BUG 19 19	82 Zb HOUR
1	3. SE	)—	NHITE	5 DATE OF BIRTH  MONTH  DAY  YEAR	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
41	W	IRTHPLACE ISTATE OR FOREIGN OUNTRY) (A-5 H., D, C,	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	BALTO, CIT	OF DEATH
46	10 CI	Bellinore	Luck Cran	Hospital.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY POTLACH COR
35	13a. S	STATE MD. 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITYOR TOW	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 3214 ROSA	PLIE PIVE
加		CHARLES	MIDDLE SWAN AST	15. MOTHER'S MAIDEN NAI  BERTHA	MAE MIDDLE CRAI	MERIAST
e medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	e war or dates) 21809	9857 FAN	MILY	
or ather troumatic event, 1		PART I. DEATH WAS CAUSE	DBY.  DBY.  DECAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	tio Respirat	e. fai/wel	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
any injury, o	CATION	PART 2 OTHER SIGNIFICANT OF COLOR OF OPERATION	f Pancy	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	EN IN PART 1(6)  5, WERE FINDINGS USED YING CAUSES OF DEATH?
d or Item 18 shows	MEDICAL CERTIFI	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED		19 211 LOCATION	YES NO YE	S NO
m 21 is morked	4	saw the deceosed alive on obove, (I) (we) (did) (did no	ital) attended the deceased from	21, and that in (my) (our) opinion of	, to	19, that (I) (we) lost r and from the couses stated
MPORTANT: If Her		226. SIGNATURE 1 8 La La 22d. PHYSIGNAN'S NAME (TYPE O	Agrawa MOISE	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAND	120. DATE SIGNED 8719/82
X-		BURIAL, CREMATION, REMOVAL SPECIFY)	23h. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d, LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

BURIAL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AUG 30 1982 AND FUNERAL



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MAA	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or ottending physician.
21 V V	1012

1. DECEASED NAA	AE FIRST	MIDDLE	LAST		REG. NO.	INTH DAY	YEAR 26. HOUR
	GLADYS	С.	ABRA		AUGUST 26		3:00A
3. SEX Fema 1		RACE White	Jan. 19		6 AGE LIN YEARS LAST BIRTHD	MONTH	DER TYEAR IF UNDER 24 HRS
BIRTHPLACE (COUNTRY)  Marvla		U.S.A.		NEVER MARRIED	9 BALTIMORE CITY OR C		
BALT I	MORE 1	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE THE JOHNS HO	NG HOME OR C	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Home Maker	ORKING LIFE) IN	b. KIND OF BUSINESS OR NOUSTRY  Own Home
USUAL RESIDENC 130. STATE Marvland		THER INSTITUTION GIVE RESIDENCE BEFORE  13c. CITY OR TOV	E ADMISSION)	d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1816 Savo		
Rober t	E	DDLE LAST Price	15	MOTHER'S MAIDEN NAME FIRST	WE		Gibson
160. WAS DECEAS (YES, NO OR UNKN	OWN) (IF YES, GIVE V	ED FORCES? 16b SOCIAL SEC WAR OR DATES) 217-07-	100	INFORMANT Charles Abra	ADDRESS amo Same as		
(2.0		one couse per line for (a), (b), or BY:	ening	ton un	04-1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gove rise couse (o) underlying  PART 2 OTH	if ony, which to immediate stating the couse lost.	DUE TO, OR AS A CONSEOL	ENCE OF	Carcer W		ION GIVEN IN	
Conditions, gove rise couse (o) underlying	if ony, which to immediate stating the couse lost.  HER SIGNIFICANT CO	DUE TO, OR AS A CONSEOL  (b)  DUE TO, OR AS A CONSEOL  (c)  ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH	ENCE OF  DEATH BUT NO	OT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	Ob. IF YES, WEI N CERTIFYING YES	N PART 1(0)  RE FINDINGS USED 6 CAUSES OF DEATH? NO
Conditions, gove rise couse to underlying  PART 2 OTH  19a. DATE OF  21a. ACCIDEN	if ony, which to immediate storing the couse lost.  HER SIGNIFICANT CO  OPERATION  OPERATION  I WAS UNDERLYING  I WAS UN	DUE TO, OR AS A CONSEOL  (b)  DUE TO, OR AS A CONSEOL  (c)  ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT NO HOPERATION W AY YEAR 19	OT RELATED TO THE TERM  VAS PERFORMED  16. HOW INJURY OCCURR	IN AL DISEASE OR CONDIT	Ob. IF YES, WEI N CERTIFYING YES	N PART 1(0)  RE FINDINGS USED 6 CAUSES OF DEATH? NO
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Conditions, gover rise couse fool underlying  PART 2 OTH  19a. DATE OF  21a. ACCIDEN  OR CONTRIBU- (IF EITHER N.  21d. INJURY  WHILE AT WORN  220. I certify  sow the obove,  222b. SIGNAT	IMMEDIATE  if ony, which to immediate stating the couse lost.  IER SIGNIFICANT CO  OPERATION  I WAS UNDERLYING   INTERPREDICALEXAMINER)  OCCURRED  NOT WHILE   AT WORK  that (I) (this hospital deceosed glive on   I) (we) (did not)  URE	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DIDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216 TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, VIEW the body after debth	DEATH BUT NO H OPERATION W  AY YEAR 19 FARM, ETC)  Ond 11	DT RELATED TO THE TERM  VAS PERFORMED  11. HOW INJURY OCCURS  11. LOCATION STREET  Phot in (my) (our) opinion of GREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY IN  CITY OR TOWN  death occurred on the date  MEDICAL STAFF	Ob. IF YES, WEI N CERTIFYING YES	N PART 1(0)  RE FINDINGS USED C CAUSES OF DEATH? NO  DR PART 2)  COUNTY STATE
Conditions, gove rise couse to ounderlying  PART 2 OTH  PART 2 OTH  19a. DATE OF  21a. ACCIDEN  OR CONTRIBU  (IF EITHER NI  21d. INJURY  WMILE  AT WORK  22b. SIGNAT	IMMEDIATE  if ony, which to immediate stating the couse lost.  IER SIGNIFICANT CO  OPERATION  I WAS UNDERLYING   INTERPREDICALEXAMINER)  OCCURRED  NOT WHILE   AT WORK  that (I) (this hospital deceosed glive on   I) (we) (did not)  URE	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  DODITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216 TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, View the bady after depth)	DEATH BUT NO H OPERATION W  AY YEAR 19 21 AND 21 DEC	DI RELATED TO THE TERM  VAS PERFORMED  IL. HOW INJURY OCCURR  II LOCATION  STREET  Delta in (my) (our) opinion of the control	200 AUTOPSY? YES NO NOTION NOT	Ob. IF YES, WEI N CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH? NO DR PART 2)  COUNTY STATE that (I) (we) lost

For Size Court of the Court of Control of the contro . Side to condition the factor of the condition of the co Territory programmes comme Comme was charged Jones March Hay my or AUG 30, BBZ Seen & Cuing Has 'verna vano un sume, tac. Torno, i and completely filled in by the filloges I and 2 should be filed with

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove carbanpopers, Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WhORTANT: If Hem 21 is marked or them 18 step terminipary, or other traumatic event, the medical

1	-	FOR STATE REGISTRAF
1	-	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	9	0	- 1	1	2
dise	(C.M			-	

REGISTRAR						REG. NO			
DECEASED NAME	Laura		E		ABRAMS	August 26			6:10a
. SEX	- 4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HR
Femal	е	Black	2	2/	8/24 PEAR	58	YRS.	onths Days	HOURS MI
BIRTHPLACE (STA	TE OR FOREIGN 7	b. CITIZEN OF	WHAT COU	NTRY? 8	DE NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	F DEATH	
COUNTRY) Md		USA		WIDOWE	D DIVORCED	Baltimor		-	
Baltimo	re	Maryl	and Ge	eneral Ho	OSpital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126. KIND O INDUSTRY	F BUSINESS C
SUAL RESIDENCE (1)	13b COUN		13c. CITY O	RTOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2014 Etti:	ng St.		
Andrew	N	IDDLE A	orams ^	1.51	15. MOTHER'S MAIDEN NA FIRST  Loretta	WE	Johi	nson las	1
60. WAS DECEASED			166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRE	SS		
(YES, NO OR UNKNOW	(IF YES, GIVE	WAR OR DATES)	215-	-22-2303	Andrew Abra	ms 2014 Et	ting S	t.	
	DEATH (Enter only		lung for (a)	(h) and (s)				APPROX	MATE INTERVAL ONSET AND DEAT
PART I. DEA	TH WAS CAUSED	BY:			a, Squamous ce	all of the	LUNG	ac i was a	SINGET AND DEAT
11-	IMMEDIATE	CAUSE (o)	ridelle	out of thome	a, oqualious oc	311, 01 010	20110		
160	4	XXXX XXX	XXXXXXX	XXXXXXXXX					
Conditions, if	ony, which	( vv	with h	Hypercal (	cemia.				9-3
gove rise to	immediate	)							
cause (a), underlying	couse lost.	DUE TO, O	RASACON	ISEQUENCE OF					
		(c)							
	SIGNIFICANT	ONDITIONS <u>CO</u>	ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVE	N IN PART I	
NO DATE OF O		Time covin	17101115001	AUTO COSTONIA	NAME OF OF ORDER	20a AUTOPSY?	20L IE VES	WERE FINDIN	10011100
M DATE OF O	PERATION	196. COND	II ION FOR V	WHICH OPERATIO	N WAS PERFORMED	ZUG AUTOPST!		ING CAUSES	
=		3 1 1				YES NOXX	YES		NO 🗌
21a. ACCIDENT W	AS UNDERLYING	216. TIME C		THE STATE OF	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	130
	CAUSE OF DEAT	n .	M. MONT						
(IF EITHER NOTIF	Y MEDICAL EXAMINER)		M.	19	211 LOCATION				
(IF EITHER NOTIF		21e. PLACE (AT HOME, ST		OFFICE, FARM, EYC.)	STREET	CITY OR TO	WN	COUNTY	STATE
AN LAUFE I	AT WORK	N-Della							
22a.1 certify th	ot (X(this hospit	August	e deceosed	from Augus	st 25 , 19 82 and that in <b>X</b> (y) (our) opinion		26		thaXX (we) le
obove, (X	eceosed olive on we) (did) (did <b>XX</b>	Xiew the body	ofter death.						
226 SIGNATUR	- Ces 1	trou	UT		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STA		8/26/	
	Jer Hwu,			Y OLD Y	22e ADDRESS	nd General H			
23a BURIAL, CREMAT		23b. DATE		1230 NAME OF O	EMETERY OR CREMATORY	123d. LOCATION			
(SPEEBurial	IOI-, REMOVAL	8/30/	/22		et Cem.	Crownsv:	110 N	HOUNTY	STATE
TOTAL		0,001	02	I'M. V.		TE DEC'D BY DEGISTRAD			
ELINEDAL DIDECT					07	TE DECID BY SECRETE	na Arames	A DIC MICH.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physi

> DHMH - 16 50M 4/B2 (VRA 15, 4)

Wm C March F/H

1101 E. North Ave.

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	1 05	REGISTRAR				ICATE OF DEATH	· REG. NO				
		CEASED NAME FIRST		MIDDLE		AST	2a DATE OF DEATH		AY YEAR	2b HOUI	\$
		MARY		JANE		ADAMS	AUGUST 28,	-		7:35	a M
Н	3. SE)		4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER	MIN.
		Female		ite		mber 25,1906	75	YRS.			
1	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
2		Maryland		States	WIDOWE		Baltimo		ty,		MD.
5		TY OR TOWN OF DEATH  Baltimore		CH FACILITY, GIVE STREET	ADDRESS)	or other institution	(TYPE OF WORK FOR MOST O	F WORKING LIFE	12b KIND OF INDUSTRY  Home	F BUSINE:	SOR
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUN		GIVE RESIDENCE BEFORE  13c. CITY OR TOW  Baltimo	N	13d INSIDE CITY LIMITS? YES <b>X</b> NO []	13e STREET ADDRESS 511 S. Ma	deria	St.		
1	14. FA		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST		
-	a .	George	pro .	Marshal		Maggie	-		anratt	У	
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	ADDRE	SS			
		NO -		219-22-6	809	Edward Adams	s 511 S	. Made	ria St	MATE INTER	
		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)_	R AS A CONSEQUE	NCE OF	ATORY ARREST					
		PART 2 OTHER SIGNIFICANT (	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	N IN PART 1		
	NO			AR ACCID							
1	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSÝ?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH	H?
1	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAI	RT I OR PART 2)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE, F		21f LOCATION STREET	CITY OR TO		COUNTY	ST	ATE
		22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	AUGUS	e deceased from_ 128_198 after death.	AUGU	ST 28, 19 82 nd that in (my) (our) opinion o	, toAUGUST death accurred on the do	,	9-	that (I) (w	
		226. SIGNATURE	elor		R.C	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE S	SIGNED	
		22d. PHYSICIAN'S NAME (TYPE O STEVEN NE				22e. ADDRESS CHRUCI	H HOSPITAL	CORPOR		1231	
	23a D	LIDIAL CREMATION REMOVAL	100 DATE	22. 1	TAME OF C	FALSTERY OR CREATERN	Table LOCATION				

New Cathedral Cem.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR Apold be detached IMPORTANT, IF IN

Burial

(SPECIFY)

24 FUNERAL DIRECTOR
Lilly & Zeiler Inc. 1901 Eastern Ave.

AUG 30 1982

ATORY 23d LOCATION CITY OF TOWN

Em. Baltimore City, Maryland

25d. DATE REC'D. BY REGISTRAR 23 EGISTRAR'S SIGNATURE

1000

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Lilly & sile: Inc. 101 as sen es.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. P	
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DHMH - 16 60M 7/73

(VRA 15 (4))

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completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co should be detached for use as the burial-transit permit. Then please remove carbon-bapers. Pages 1 with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or removal.

1 050	FOR STATE REGISTRAR CEASED NAME FIRST		DEPARTA	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	201	2/
	OR PRINT)	TTAN					ONTH DAY YEAR	26 HOUR
3. SEX		LIAM 14 RACE	н.	ADAMS 5 DATE C		August 22.	1982	R IF UNDER 24 HRS
3. SEA				MONTH	DAY YEAR	B. AGE (IN TEAKS LAST BIRTHL	MONTHS DAYS	
1	Male	Whi			ber 15, 1910	71	YRS.	
CC	RTHPLACE ISTATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR		
10 01	Florida TY OR TOWN OF DEATH		States	WIDOWE	D DIVORCED DIVORCED	Baltimore		MI
		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPATION		OF BUSINESS OF
	Baltimore		timore Ci		spital	Burner	Sparr	ows-Poin
13a S	AL RESIDENCE (IF NURSING HOME STATE 13b COL aryland -		13c CITY OR TOW  Baltimor	N	136. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 628 S. I	ehigh St.	
14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA/	MIDDLE		AST
	- ' - unk	nown -	Adams	-	Nellie	-	? un	known
16a W	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	S	
	NO	•• ••	262-18-7	7003	Catherine Ad	ams 628 S.	Lehigh St	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEQUE		FROTIC HE			
TION	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D	DEATH BUT				
RTIFICATION			ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED	20a AUTOPSY?	TION GIVEN IN PART 1  20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
ICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMINE	19b. COND  21b. TIME C HOUR A	ONTRIBUTING TO D  OITION FOR WHICH  DE INJURY  .M. MONTH DA  M.	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
CAL	PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF D	19b. COND  21b. TIME C HOUR A R) P	ONTRIBUTING TO D DITION FOR WHICH DF INJURY .M. MONTH DA	OPERATION  AY YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  IN ITEM 18, PART 1 OR PART 2)	INGS USED S OF DEATH?
	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME C EATH HOUR A P 21e. PLACE (AT HOME, ST	ONTRIBUTING TO DOTTION FOR WHICH  OF INJURY  M.  OF INJURY  REET, FACTORY, OFFICE, F.	OPERATION  AV YEAR  19  ARM, ETC.)	21f. HOW INJURY OCCURR 21f. LOCATION STREET 21f that in (my) our) opinion of DEGREE	200 AUTOPSY?  YES NO  ED (ENTER NATURE OF INJURY I	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES COUNTY  COUNTY  22c. DAT	INGS USED S OF DEATH? NO STATE
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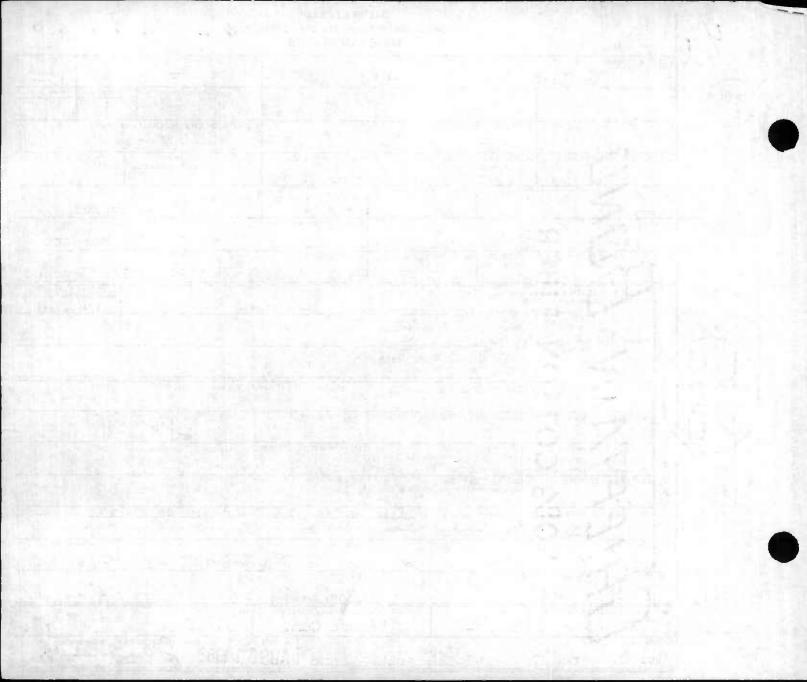
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Ewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😣

	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	REG. N	NO.	0 1	line
	CEASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	Gilber	+		Ad.	disin		8 - 3	10-82	AM
3.58		4. RACE		5 DATE C		6. AGE (IN YEARS LAST B	(RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
	Male	Blac		11	27 28		53 YRS.	MONTHS DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	WHAT COUNTRY?	MARRIE	D NEVER MARRIED D	9. BALTIMORE CITY			
110 C	ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION	12b. KIND (	OF BUSINES
USU	Baltimore AL RESIDENCE (IF NURSING HOME O	1811 PROTHER INSTITUTION,	Rutiar						
Ma	aryland 136 COU	NTY	13c CITY OR TOV		13d. INSIDE CITY LIMITS? YES 💢 NO 🗌	13e STREET ADDRESS 1811 Rut		Avenu	e
14. F/	ATHER'S NAME FIRST Augustus	WIDDLE	Carter	_	15. MOTHER'S MAIDEN NA PIRST Dorothy	MIDDLE		Col	burn
	WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECT		17. INFORMANT	ADDE	RESS		
(	YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	214-24-	-5205	Dorothy Ad	dison 181	1 Ru		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per	line for (a), (b), ar	nd (c).)				BETWEEN	XIMATE INTERV. I ONSET AND D
	Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)_							
NOI	underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c) CONDITIONS <u>CC</u>		DEATH BUT					
TIFICATION	underlying cause last.	(c) CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YE	IVEN IN PART 1 ES, WERE FIND IFYING CAUSE YES	INGS USED
CAL CERTIFICATION	underlying couse lost.  PART 2. OTHER SIGNIFICANT	CONDITIONS CO	DATRIBUTING TO	DEATH BUT		20a AUTOPSY?  YES NO	20b. IF YE	ES, WERE FIND IFYING CAUSE YES	INGS USED S OF DEATH
MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	CONDITIONS CO	DNTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19	n was performed	20a AUTOPSY?  YES NO	20b. IF YE IN CERT Y	ES, WERE FIND IFYING CAUSE YES	INGS USED S OF DEATH NO
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MEDICAL	Underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHER MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hope obove, (I) was ided) (did not 22b. SIGNATURE	CONDITIONS CO	DNTRIBUTING TO  ITION FOR WHICH  IF INJURY M. MONTH D M.  OF INJURY REET, FACTORY, OFFICE.  de deceased from	DEATH BUT H OPERATIO DAY YEAR 19 FARM.EIC)	21c. HOW INJURY OCCUR 211. LOCATION STREET  1 2 19 2 2 and that in (my) (aux) apinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTERNATURE OF INJ  CITY OR T  to August  death accurred on the of	20b. IF YE IN CERT Y URY IN ITEM 18	ES, WERE FIND IFYING CAUSE VES  COUNTY  19 22. DATI	INGS USED S OF DEATH NO  ST/
MEDICAL	Underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK   NOT WHILE   AT WORK   NOT WHILE   AT WORK   NOT WHILE   AT WORK   Sow the deceased olive or obove; (1) whe dead of the obove; (1) when the obove; (1	CONDITIONS CO	DNTRIBUTING TO  ITION FOR WHICH  IF INJURY M. MONTH D M.  OF INJURY REET, FACTORY, OFFICE.  de deceased from	DEATH BUT H OPERATIO DAY YEAR 19 FARM.EIC)	21c. HOW INJURY OCCUR 211. LOCATION STREET  221. 19 22 and that in (my) (www) opinion DEGREE	200 AUTOPSY?  YES NO RED (ENTERNATURE OF INJ  CITY OR T  THE MEDICAL STA  BIRECTOR PHYS  Oncology	20b. IF YE IN CERT Y URY IN ITEM 18	COUNTY  19 22. DATI	STA
WEDICAL 230.	Underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHITE   NOTIFY MEDICAL EXAMINE AT WORK   NOTIFY HED  22a. It certify that (I) (this hosp saw the deceased alive or obove, (I) (hus) (did) (did in 22b. SIGNANORE	CONDITIONS CO	DNTRIBUTING TO  ITION FOR WHICH  IF INJURY M. MONTH D  M. OF INJURY  REET, FACTORY, OFFICE.  19  after death.	DEATH BUT H OPERATIO  DAY YEAR 19 FARM, ETC)  NAME OF C	211. LOCATION STREET  211. LOCATION STREET  212. 19 22 and that in (my) (www) apinion DEGREE  ATTENDING PHYSICIAN 22e ADDRESS	280 AUTOPSY? YES NO RED (ENTERNATURE OF INJ	206. IF YE IN CERT Y OWN  30 date and ha	COUNTY  19 22. DATI	INGS USED S OF DEATH NO



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Ю.		
I. DECEASED NAME TYPE OR PRINT)	JOSE1		NMN	AK	CULIS	20. DATE OF DEATH	8 9	P 82	26. HOUR 12:25PM
3. SEX MALE		4. RACE White	100	Sept	DAY YEAR	6. AGE (IN YEARS LAST BE	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
BIRTHPLACE (STACOUNTRY) Pennsylvan	ia.		WHAT COUNTRY? States	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF			MD
BALTIMOR	DEATH			IG HOME C	BALTO MD	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST: Ret1red-S. H	OF WORKING L	FE) INDUSTRY	OF BUSINESS OR
USUAL RESIDENCE (#136, STATE	NURSING HOME O		GIVE RESIDENCE BEFORE 134. CITY OR TOW Washingt	N	13d. INSIDE CITY LIMITS? YES TO [	13. STREET ADDRESS 416-Sever	ith St	SOuth	east
14 FATHER'S NAME FIRST Antho	ny	MIDDLE	Akulis		IS. MOTHER'S MAIDEN NA	WIDDLE		Lutkev	rich
160 WAS DECEASED IN 19ES, NO OR UNKNOW YES-US AT	N) I (IF YES GI	RMED FORCES? IVE WAR OR DATES) 1-1950	163 10 3		17. INFORMANT Marie C.Akul	ADDR is(Wife)416			20003 Wash., DO
PART 2. OTHER	immediate stating the cause lost	, 161			RESPICATORY F	ONG GET	VDITION GI	VEN IN PART 1	0
190. DATE OF OI			ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	S OF DEATH?
216. ACCIDENT W. OR CONTRIBUTING LIFETIMER, NOTIF	AS UNDERLYING [ CAUSE OF DE	216. TIME C HOUR A. R) P.	DE INJURY M. MONTH DA	AY YEAR 19	21c. HOW INJURY OCCUR 211. LOCATION STREET		URY IN ITEM 18	PART 1 OR PART 2)	NO
	ceased alive		e deceased from 19	82	30 , 19 82 nd that in (Ky) (aur) apinian	, ta Aug 9 death occurred on the c	late and ho	_	that ( (we) last causes stated
ITA PHYSOAN	rock	0.0	esker!	7Dinci	ATTENDING PHYSICIAN [		CIAN 🗌	8/9	7/82
Burial REMAT	MN, REMOVA				emetery or crematory on National C	23d. LOCATION CITY OR TOWN	Arlins	county ton, Vin	STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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TO HOSPITAL

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HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death and by the hospital or attending physician.	FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the furnished for use of the burief transit permit. Then please remove corbanapaers. Pages 1 and 2 should be filled with the burief control transit to the burief transit transit to the burief transit transi
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HOSPITAL OR ATTENDING PHYSICIAN: The Inner by the hospital or attending physician.	FUNERAL DIRECTOR: A

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH FIRST YEAR (TYPE OR PRINT) MILDRED E. ALBRITTAIN AUGUST 29,1982 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Oct. 7,1900 Female White BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Maryland USA Baltimore City WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 214 Upnor Rd. Baltimore Homemaker WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 214 Upnor Rd. YES X NO [ 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE Joseph Evans Ada 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 214-54-5197 Charles J. Nichols 204 Upnor Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR norked or Item OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) TITY OR TOWN COUNTY STATE NOT WHILE 720 Lettify that (1) (this haspital) are bed our I apinion douth occurred on the date and hour and from the causes states DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS William G. Helfrich, M.D. 5006 Roland Ave. Balto., Md. 21210 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Lorraine Park Woodlawn 6500 York Rd. 250 DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

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1.	FOR - STATE REGISTRAR		DEPART	MENT OF HEAD CERTIFIC			REG. N	600	U		0 1
	CEASED NAME	FIRST	MIDDLE	LAST			20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR
{TYPE	E OR PRINT]	ROGER	J.	ALES	CT			8	12	82	9.45
3. SE		4. RACE		5. DATE OF E			6. AGE (IN YEARS LAST BE	RTHDAY)	IF UND	DER 1 YEAR	IF UNDER 24
	Male	Whi	te	нтиом	11	18	63	YRS	MONTH	S DAYS	HOURS
7s. B	IRTHPLACE (STATE OR FO		OF WHAT COUNTRY?	1			9. BALTIMORE CITY			EATH	
)	Conn.	U.	S. A.	WIDOWED	NEVER M	ORCED	BALTIN	ORE	CTTV		
10. C	TY OR TOWN OF DEAT	H 11. NAME (	DF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET LOCH RAVEN	ADDRESS)		TUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Sand Blas	ION OF WORKING	121		OF BUSINES
130. S	AL RESIDENCE (IF NURSIN			E ADMISSION)	I. INSIDE CI	TY LIMITS?	130. STREET ADDRESS 2923 Staff		St.		
14, FA	ATHER'S NAME FIRST ROZZIO	MIDDLE J.	LAST		MOTHER'S	MAIDEN NA				coli	
	WAS DECEASED EVER IN			JRITY NO. 17	. INFORMAL	NT 2923	Staffordoos	ESS B	alto	., M	d.
	YES, NO OR UNKNOWN)	W.W. II	0421.295				M.Alesci			1223	
	III. CAUSE OF DEATH	(Enter only one couse	per line, for (a), (b), an							APPROX	MATE INTERV
ATION	PART 2 OTHER SIGNI		CONTRIBUTING TO				AINAL DISEASE OR CON	206. IF	YES, WEF	RE FINDI	NGS USED
CERTIFICATION							YES NO	IN CER	TIFYING YES [	CAUSES	NO [
MEDICAL CE	21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HOUR	A.M. MONTH D	AY YEAR			RED (ENTER NATURE OF INJ	JRY IN ITEM 1	8 PART I C	OR PART 2)	
WED	21d. IN JURY OCCURRE  WHILE NOT WHILE AT WORK	E   IAT HOM	CE OF INJURY E, STREET, FACTORY, OFFICE, I		If. LOCATIO	N	CITY OR T	OWN	C	OUNTY	STA
	22a.1 certify that (I) (sow the deceased above all) (we) (di			82, and t	hat in (Ky)	19 <u>82</u> (our) apinian	death occurred on the c	date and h		from the	those (we
	Rebecca	A om	inach	m	) P	TTENDING PHYSICIAN [	MEDICAL STA			8/13	SIGNED
	22d. PHYSICIAN'S NA	AE (TYPE OR PRINT)		2	3800		raven blvd	312	18		
23a. 8	BURIAL, CREMATION, R	8-16		NAME OF CEM	ETERY OR C	REMATORY emeter	23d LOCATION CITY OR TOWN Balto.	0	cou		Md.
C-	UNERALDIRECTOR Truman Sc	nwab. P.A.	ADDRESS	derick 212×9	h ve	25a. DA	LUG 1 9 1982	25h 94 G	PTRAR'S	JEN C	atul

STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar other traumatic

IMPORTANT: If Irem 21 is marked or bem 18 shaws any

Burial

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR				DEPARTA		HEALTH AND MENTAL HYG	0 60	2 . NO.	0 1	3	2
	CEASED NAME OF PRINTE	\E_	FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH D.	IAY YEAR	2b. HOUR	
( , , , ,	OR PRINTY	RU	DOL	PH	E	A	LESSI		8 -31	1-83	10:10	PM
3. SE	X			4 RACE		5. DATE O		& AGE (IN YEARS LAS	-	IF UNDER 1 YEAR	IF UNDER 24	
	Male			Whit	e	May	6, 1915 YEAR	67	YRS.	ONTHS DAYS	HOURS.	MIN,
7a. B	RTHPLACE I	STATE OR I	ey		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED X	9 BALTIMORE CIT				MD.
	Balti	more		GOOD	Samaritan	HOSP	or other institution	12a USUAL OCCUP (TYPE OF WORK FOR MO Sales		12b. KIND O INDUSTRY	F BUSINES	
USU 13a.	AL RESIDENCI STATE Mary la	e (IF NURS nd	Balt.	OTHER INSTITUTION TY IMORE	GIVE RESIDENCE BEFORE  13. CITY OR TOW  Parkvill	ADMISSION)	13d Inside City Limits? Yes \( \text{NO} \( \text{Y} \)	13e STREET ADDRES	Walthan	n Woods	Rd	
14 F	Den:			AIDDLE	Alessi		Jos Ephine		٤ 5	Taglian	etti	
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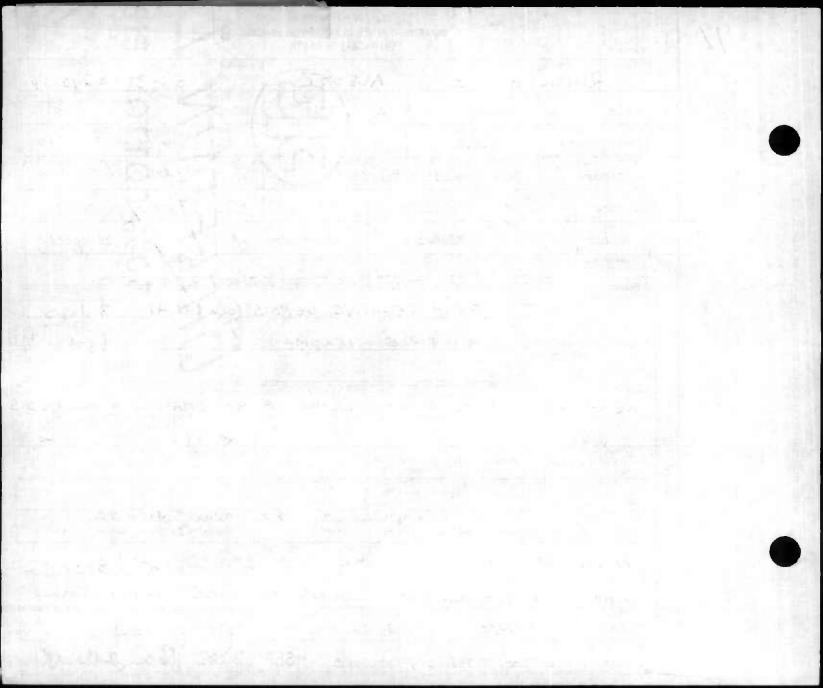
Holy Redeemer

DHMH - 16 50M 1/B1 (VRA 15, 4)

Leonard J Ruck Inc. Baltimore, Maryland

9/4/82

Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR SEP 2 1982



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	3. SE	x Male	Black	5 DATE OF BIRTH 2/26/24  YEAR		IF UNDER I YEAR OF UNDER TO
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O ond 2 sh	14. FA	Joseph E.	Alexander	is mother's maiden na Margar	44 IDD4 F	xander
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n please remove carb ourial, cremation, or r y, or other traumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF NCE OF DEATH BUT NOT RELATED TO THE TERM	LIVE G	EN IN PART 1(o)
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REGISTRAR

4905 York Road

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š.	AD.	A L.	ALL	EN	8/28/82	
3. S	EX	4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTHDA	MONTHS BAYS
	Female	White	Oct		100	YRS.
7 a. l	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
	Maryland	USA	WIDOWE	ED DIVORCED	Baltimore	City
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION	
-	Baltimore	KESW	ICK		Homemaker	
13a	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU			113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
	Maryland	Balt	imore	YES 🔀 NO	103 W. 39	th Street
14 F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	LAS
	Calvin	S. Harla	an	Esther	Y.	Watters
	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRESS	
	No	220 46	4499	Esther W.	Allen.	Same
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Balto. MD

STATE OF MARYLAND

CERTIFICATE OF DEATH

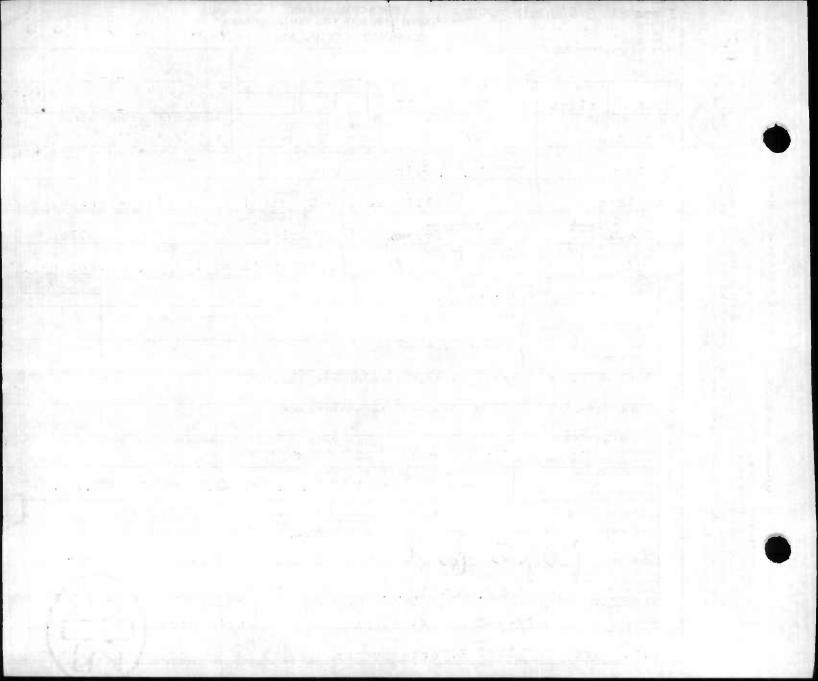
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 26 HOUR YEAR IF UNDER TYEAR JNTY OF DEATH City 12b. KIND OF BUSINESS OR ING LIFE) INDUSTRY Own Home h Street Watters Same GIVEN IN PART 110

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1		AS DECEASES	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SO	IAL SECURITY		7. INFORMANT		ADDR				
		N/A				N/A		Shirley	Allen	1433	N.	Fu1	ton	Ave.
	TION	Condition gove ris couse (o) lying cou		DUE TO, O	R AS A COM	SEQUENCE OF	al disease (	DR CONDITION GIVEN IN P	ART 1 to b				20 AUTO	DCV3
/	CERTIFICATION	190 DATE OF	OPERATION	196 COND	ITION FOR	WHICH OPERA	TION WA	S PERFORMED?				,	YES 1	
2			AL CAUSE WAS  OR  NG CAUSE OF I	DEATH 216. TIME C		2-82 YEAR	sub	w muury occurr ject shôt		OF INJURY IN ITE.	M 18 PART	1 OR PART 2)		
	MEDICAL	WHILE AT WORK	NOT WHILE X	X STREET A	OF INJURY CTORY, FARM, E COT	(AT HOME,	180	Oblk. W.	Fairm	nt°*Ave	nue	Bátt	5., Mo	STAT
7	(5	deoth result  ACTUAL SIGNATURE.  EXAMINER'S (TYPE OR PRII  JRIAL, CREMA PECIFY)  BIIR TAI JINERAL DIRECT	NAME NT) Marg	arita A. 3b. DATE  8/7/82	Accident Korel 23c. 1	Jane	M.C	Homicide X TITLE (SPECIFY)  Assistan  DDRESS 111	Penn S    23d, LOCATI	examiner treet	,	COUNTY	8-3-8 M	STATE
17 E (5))	7.1	m C	March F	/H 1101		rth Av	enue	AUI	3 0 6 198	32 /	2hu	2	Com	uf

(VR A15 ME (5)) 20M 4/82



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in-transit nd Mental Hygi CERTIFICATION

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

STATE REGISTRAR REG. NO MIDDLE 2a DATE OF DEATH MONTH YEAR DECEASED NAME FIRST 26. HOUR TTYPE OR PRINTI SIDNEY Sr. N. ALLEN 400 M IF UNDER LYEAR IF UNDER 24 HRS 1 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 12 2 2 PAY 59 MALE Black IN BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY) BALTIMORE CITY. Virginia USA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR

(IF NOT IN BUCH FACILITY, GIVE STREET ADDRESS) VETERANS ADMINISTRATION MEDICAL Baltimore 130. STATE 136 COUNTY 13c. CITY OR TOWN

13d. INSIDE CITY LIMITS? Baltimore NO [ 15. MOTHER'S MAIDEN NAME

2410 E. Federal Street

Maryland 14. FATHER'S NAME Goldie

YES, NO OR UNKNOWN)

Allen 166 SOCIAL SECURITY NO.

216-12-7190

Mary 17 INFORMANT

ADDRESS Lottie Allen 2410 E. Federal Street

INDUSTRY

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0

MIDDLE

(IF YES, GIVE WAR OR DATES)

DUE TO, OR AS A CONSEQUENCE OF

CENTER

Walton

Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

APPROXIMATE INTERVAL

19a DATE OF OPERATION

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE AT WORK

ON FOR WHICH OPERATION WAS PERFORMED

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING PAUSES OF DEATH? YES V NO [

21a. ACCIDENT WAS UNDERLYING

21d. INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

sow the deceased alive an\_

276. I certify that (I) (this hospital) attended the deceased from AUGUST 1

21e PLACE OF INJURY

AIIT V 30

and that in (My) (our) apinian death occurred an the date and haur and fram the couses stated

CITY OR TOWN

STATE

Md

obave, (t) (we) (did to to voice view the bady ofter death 226. SIGNATURE

DEGREE ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME

22e. ADDRESS

3900 LOCH RAVEN BLVD

23g. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

24. FUNERAL DIRECTOR

236. DATE 8-6-82 23 NAME OF CEMETERY OR CREMATORY Md. Veteran Cem

23d. LOCATION CITY OF TOWN Crownvill

COUNTY

DHMH - 16 50M 4/82

TO FUNERAL DIRECT should be detached for with the State Dept. a

ADDRESS March F/H 1101 E. North Avenue

(VRA 15, 4)

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injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

or offending physicion.

should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

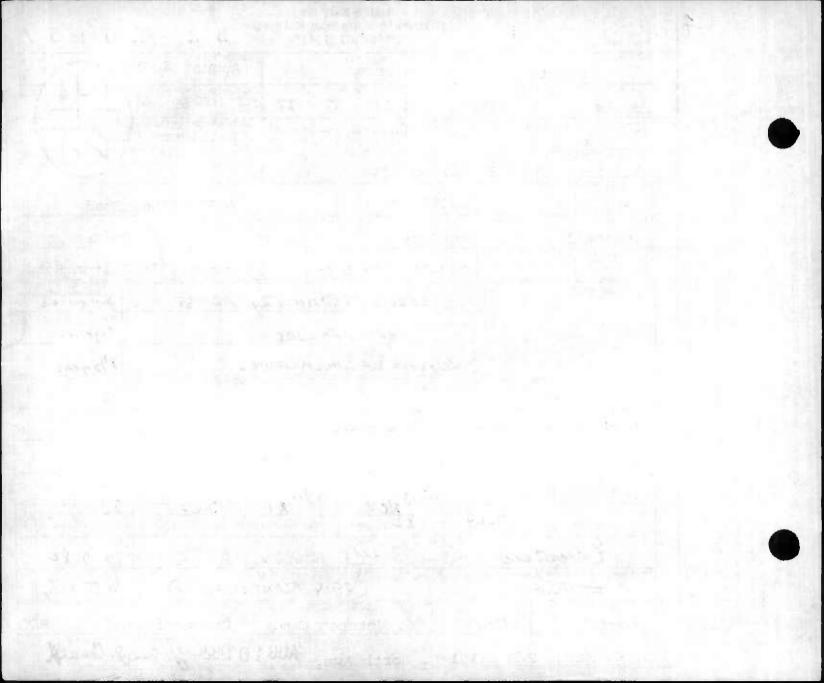
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	2013/	
	1. DECEASED NAME FIRST (TYPE OR PRINT) Carri	MIDDLE	Anders	son	August 5	5, 1982 Zb HOUR	M
	Female	Black	S DATE C		6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.	
5	70 BIRTHPLACE (STATE OR FOREIGN VA	76. CITIZEN OF WHAT COURS USA	DUNTRY? 8. MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore City or Baltimo:		D
1	Baltimore	11. NAME OF HOSPITAL	, NURSING HOME C SIVE STREET ADDRESS) CON ROAC	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	N 12b. KIND OF BUSINESS OF	_
5	PUSUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COU!		OR TOWN Timore	13d Inside City Limits? Yes 🗶 No 🗌		lton Road	
	14 FATHER'S NAME FIRST Cambell		nders	15 MOTHER'S MAIDEN P	sy	Goodes	
/	160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATEST	1al SECURITY NO. 2-18-3578	B Lloyd R.	Anderson 4	030 Hilton Road	
	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last	D BY:  TE CAUSE (a)  DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)	CARDIO  DINSEOUENCE OF  LINOMA  OF  LINOMA  OF	F GALLBLA	0012	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  JMINUTES  19ear.  1/24ear.  TION GIVEN IN PART ITO	
1	NOW 1981 - MOY -82			TRUCTION.	200 AUTOPSY? 2 YES NO URRED (ENTER NATURE OF INJURY II	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	
1	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOTIFY WHILE ALWORK  27a L certify that (1) (this hasp	HOUR A.M. MOD P.M.  21e. PLACE OF INJUR (AT HOME STREET FACTOR	Y Y, OFFICE FARM, ETC)	211 LOCATION STREET /A.	CITY OR TOWN	COUNTY STATE  , 19.52 , that (I) (we) los	st
7	sow the decessed of which above, (1) (we) (did) (did in above, (1) (we) (did) (did in above, (1) (we) (did) (did in above, (1) (did))	R PRINTS	ih.	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED  Y. 9. 82  Ellicott with	-
	230 BURIAL, CREMATION, REMOVAL		The second second second	EMETERY OR CREMATOR	Y 23d LOCATION	COUNTY STATE	-

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

1101 E. North Ave Wm. C. March F/H

AUG 1 0 1982 John & County



	Poge
7	NO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page retained by the hospital or attending physician.
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	O HOSPITAL OR ATTENDING PHYSICIAN etoined by the hospital or attending phy
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the bunial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 2 I is marked or Item 18 shows any injury, or other troumatic event, the

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NI	r	OF	HE	AL'	TH	AND	MENT	A

DEPARTME HYGIENE

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1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH	AND MENTAL HYGE OF DEATH	IENE 8 2	2 (	) 1 3	8
{TY	PECEASED NAME FIRST		nders	ow	2a DATE OF DEATH	8/16/	82 6.4	-
3. S	BEMALE	BLACK	5. DATE OF BIRT	13- 14	6. AGE (IN YEARS LAST BIR	YRS	DAYS HOURS	R 24 HRS M IN.
	COUNTRY) Md		WIDOWED	DIVORCED	9 BALTIMORE CITY O	Cit	4	MD.
1	Pon 1to	NAME OF HOSPITAL, NURSING	HOS A	PER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		MIND OF BUSIN USTRY	ESS OR
130.	UAL RESIDENCE (IF NURSING HOME OR OT ). STATE	HER INSTITUTION, GIVE RESIDENCE BEFORE A	0 13d. If		13e STREET ADDRESS	W. LA	-N/Ave	St
1	Roland	WAShingth	15. M	OTHER'S MAIDEN NAM	MIDDLE	Ho	Ine 5	
16a	WAS DECEASED EVER IN U.S. ARME  (YES, NO OR UNKNOWN)  (IF YES, GIVE W		17 NO. 17 IN	Robert	Anderso		503WLA	nuale
NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO		E RT OF	LAR DISEA			PART Tro	
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS	5 PERFORMED	20a AUTOPSY?	206. IF YES, WERE IN CERTIFYING C		TH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAF	19 211 L	OCATION STREET	ED (ENTER NATURE OF INJU			STATE
þ	22a. I certify that (I) (this hospital saw the deceosed alive on obove, (I) (we) (did) (did not) v 22b. SIGNATURE	8/15 19 8	8//s 2 ond that DEGRE		deoth occurred on the de			toted
	10		W	ATTENDING PHYSICIANO	MEDICAL STAI DIRECTOR PHYSIC	F IAN	SIL &	
	22d. PHYSICIAN'S NAME (TYPE OR PA	971)	2	717 - Hamm	NDS FERRY	Rd Bi	2122	3
23a.	BURIAL, CREMATION, REMOVAL	8/20/8 23c. NA	ME OF CEMETE	RY OR CREMATORY	23d. LOCATION	(4ò count	r	STATE

348 N.Ca

DHMH - 16 50M 1/81 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.	A.D
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DHMH - 16 50M 1/BI (VRA 15, 4)

Page 4 may be

1			STATE OF MARYLAN	ID		40 4 944
/	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MI CERTIFICATE OF DE		8 2 2 REG. NO.	0 1 3
	DECEASED NAME FIRST	MIDDLE	LAST	2a. D.	ATE OF DEATH MONTH	DAY YEAR 26 HOUR
	TRU	IN TAT	ANDERSON	Jr.	8-	2-82 7:0
3.	SEX	4 RACE	5. DATE OF BIRTH	6 AG	E (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
-	MALE	BLACK	MONTH DAY	13 6	9 YRS	MONTHS DAYS HOURS
7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIED NEVER MA	PRIED 9. BA	TIMORE CITY OR COUNTY	OF DEATH
2	VIRGINIA	215		RCED   D	ACHINORE:	
0	LOTY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME OR OTHER INSTIT		SUAL OCCUPATION  OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINES
2	BACHINORG	LUIHER	AN HOSPITA	2	NONG	
U. 13	SUAL RESIDENCE (IF NURSING HOME C 30. STATE 136 COU		OR TOWN 13d INSIDE CID	LIMITS? 13e S	TREET ADDRESS	
1	40			10 🗆	PUBOX3.	2.35
14	FATHER'S NAME	WIDDLE	15. MOTHER'S A		WIDDLE	LAST
1	Irvin	W. Ander				1731
16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI.	AL SECURITY NO. 17 INFORMAN	Т	ADDRESS	
L	Yes		-09-8834 Ophel:	ia Anders	on 1317 Enso	r St.
	18 CAUSE OF DEATH (Enter o	nly ane cause per line for (a)				APPROXIMATE INTERV BETWEEN ONSET AND D
	PART I. DEATH WAS CAUS	ED BY: (TE CAUSE (a)	ISTRIC /SDIPA	ATIUN		MINUTE
	2.500	DUE TO, OR AS A CO		1		
	Conditions, if any, which	( (b) )	Abetos ME	ITUS		YEARS.
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NISECULENCE OF		- 1	2
	underlying cause lost		INARY TRAC	T INF	Edion	DAYS
1.	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	O THE TERMINAL D	SEASE OR CONDITION GIV	EN IN PART TO
2	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	cotic Possiphe	alal Vascular Dr	EASE, S	P Pulmoniary	1 Waren
	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORM	AED 200	AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH
4 8				YE:	NO YE	
//	OR CONTRIBUTION TO CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MON		IRY OCCURRED (E	NTER NATURE OF MJURY IN ITEM 18 P	ART I OR PART 2)
3	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE FARM FIG.) 211 LOCATION		CITY OR TOWN	COUNTY ST
1	AT WORK NOT WHILE	THE THE PART OF TH	. OTTICE, TARM, ETC)			
	22a.1 certify that 🌘 (this hasp		from = 30	19 82 , to	0/2	19 02 , that 🏂 (w
	saw the deceosed alive an above, (1) (***) (did) (did)	0282 ■t) view the bady after death	, and that in (my) (d	) opinion death o	occurred on the date and hou	r and fram the causes stat
	71 SIGNATURE		DEGREE	To Take		22c. DATE SIGNED
,	Dame O.	Tunce W			CTOR PHYSICIAN	8/2/82
7	220 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS	11		100
	LAVIDS.	PRINCE W	1) Intha	chan H	OSDITIAL OF	Marylan
23	BURIAL, CREMATION, REMOVA	23b. DATE	23c. NAME OF CEMETERY OR CR		LOCATION	
	BURIAL	8-6-82	Md. Veteran		crownville,	COUNTY
	. FUNERAL DIRECTOR				D. BY REGISTRAR 256. RECEST	RAR'S SIGNATURE
,	Wm. C. March	F/H 1101 E	North Avenue	MUG	" 4 198% Mas	us Queen Mart

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CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME FIRST 20 DATE OF DEATH MONTH THE OWNERS FRANK D **ANDREWS** AUGUST 5, 1982 1.5EX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) YEAR 12717/1911 MALE WHITE 70 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRYMARYLAND MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY WIDOWED DIVORCED TO M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION LABORER CHURCH HOSPITAL CORP. BALTIMORE SUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
30. STATE 136, CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE BALTIMORE MARYLAND YES [ NO V 14 BELINDA AVE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FRANCIS **JEDRUSIK** FRANCES KUJAWA ADDRESSBALTIMORE MARYLAND 60, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 215 09 6004 STANLEY D. ANDREWS 7713 BLUE GRASS RD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (0) CEREBROVASCULAR ACCIDENT, ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, PERIPHERAL VASCULAR DISEASE Conditions, if any, which gove rise to immediate cause (a), stating the underlying ESOPHAGITIS WITH REFLUX a ŏ Q. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 a CERTIFICATION ASPIRATION PNEUMONIA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE AUGUST 22a.1 certify that (Nothis hospital) attended the deceased fram sow the deceased abve on AUGUST 5 JUL 82 82 sow the decoased dive on AUGUS I 3 abave, (1) (we did did nat) view the bady after death. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated o should be detoched 226 SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 1/B1 (VRA 15, 4)

74 FUNERAL DIRECTOR Funeral Homes, Inc. ADDRESS 7110 Belair Road

23b. DATE

8/9/1982

T. KAWAJA

230 BURIAL, CREMATION, REMOVAL

BURIAL

Baltimore, Md

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

Most Holv Redeemer

250 DATE REC'D. BY REGISTRAR 256 TGISTRAR'S SIGNATURE

100 NORTH BROADWAY, BALTIMORE, MD

CHURCH HOSPITAL CORPORATION'

BALTIMORE MARYLAND

Th. DATE SIGNED

COUNTY

2b HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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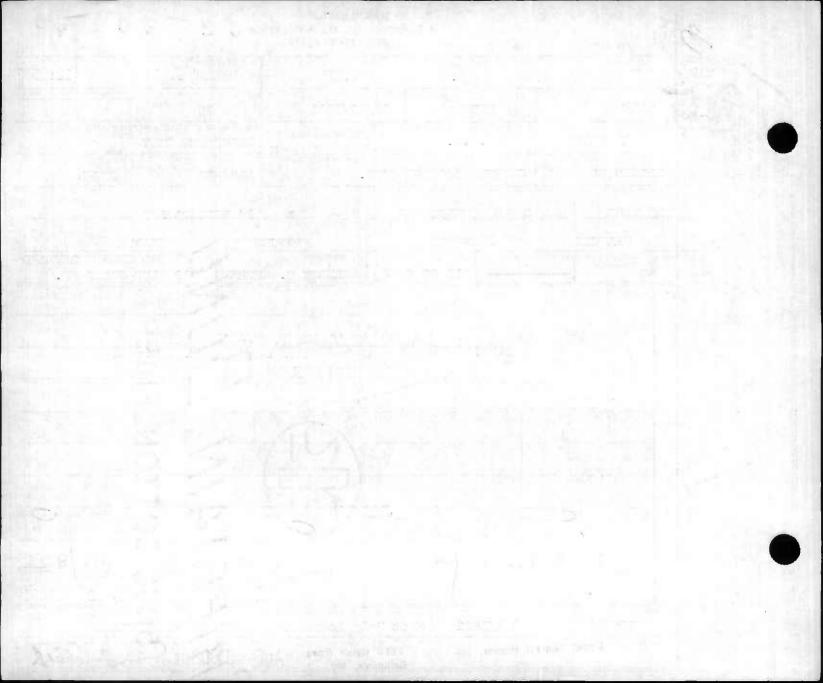
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST Thomas (TYPE OR PRINT) 8 5 PANAGTOTTS ANTONAKOS A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH MONTH 64 White Male **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE (STATE OF FOREIGN MARRIED A NEVER MARRIED BALTIMORE CITY reece WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10. CITY OR TOWN OF DEATH (TYPEOF WORK FOR MOST OF WORKING LIFE) VAMC PAGE TO LOCH RAVEN BLVD BALTIMORE arpenter USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 181 COUNTY 13e\_STREET ADDRESS 13g. STATE 13LCITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Eastdale Room timone NO X astpoint 14 FATHER'S NAME MIDDLE Thomas Antonako vangelia 17. INFORMANT 6g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) 060106591 lina Antonakos 8039 Eastdale Road e 18. CAUSE OF DEATH (Enter only one couse per line for in this and it PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION NOL

YEAR

82

INDUSTRY

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2b HOUR

12b. KIND OF BUSINESS OR

onstruction

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2:30a

IF UNDER 24 HRS

prior Hem 18 shaws any IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygiene YES [ NO [ certificate 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION 50 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) marked NOT WHILE AT WORK AT WORK r use os Health AUGUST AUGUST 22a. I certify that (I) (this hospital) attended the deceased from , and that in (ALL our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an abave, V) (we) (did) (did No) view the bady after death TO FUNERAL DIRECT should be detached for with the State Dept. o 22c. DATE SIGNED 226. SIGNATUXE DEGREE ATTENDING DIRECTOR PHYSICIAN PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE) 22e ADDRESS 3900 LOCH RAVEN BLVD 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL SITY OR TOWN (SPECIEY) Buria emeteru 24 FUNERAL DIRECTOR

Fastern

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DHMH - 16 50M 4/82 (VRA 15, 4)

Teiler & Son Inc

THE RESIDENCE					
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jestelet jourhoollon					
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126-21	il more	60/mois		Maries	
Mary Swar Sware and Mary and water	rageline anio	mount of	\\		
Marie South	Network				
A San that there		d'an i	4 = 0	nion.	
Mark the residence of the late.	2000	THE PARTY IN		. 50 30- 4-10	

requires that the death

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or attending physicion.

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Pages 1 and 2 sho

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending propriets should be detached for use as the burial-transit permit. Then please remove carbon-population with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

							RE				
	ECEASED NAME FIRST	M	IDDLE	LAST		20	DATE OF DEA	TH MON	NTH D	AY YEAR	2b. HOUR
L	GEORGE		S API	PLEBY,	M.D.	A	UGUST	5.	198	2	11:58
1 SE	X	4 RACE		5. DATE OF BII	RTH	6 A	GE (IN YEARS L	AST BIRTHDA	Y}	FUNDER I YEAR	FUNDER 24 HI
	Male	White	9	Sept.	23, 19	916	65		YRS	DATE	NOURS MI
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8. MARRIED	NEVER MARRIE	D X 9 B	ALTIMORE C	TY OR C	OUNTY	OF DEATH	
We	est Virginia	U.S.A	A .	WIDOWED	DIVORCE	DDB	ALTIM	ORE	CIT	Y	
	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING FACILITY, GIVE STREET	G HOME OR O'	THER INSTITUTIO		USUAL OCCU		ADVING HEE		OF BUSINESS
BA	ALTIMORE		HOPKINS		ITAL		edica.				dicine
13a. S	STATE IF NURSING HOME	INTY	13c CITY OR TOWN	N 113d.	INSIDE CITY LIM	NITS? 113e	STREET ADDR	ESS			
We	est Virginial	Berkele	Martine	sburg YE	s <b>XX</b> ио [		129 W	. Bu	rke	Stre	et
4 FA	ATHER'S NAME	WIDDLE	LAST	15. /	MOTHER'S MAID	EN NAME	OIM	DIE			AST
1	George	W.	Apple	by	Mary	y.		ou			sey
	WAS DECEASED EVER IN U.S. A	IVE MAR OR DATES	166 SOCIAL SECU		INFORMANT			DDRESS			
		Corea	232-01-	8245 M:	rs. Eli	izabe	th Hes	ss M	lart:	insbu	rg. We
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS										XIMATE INTERVAL
		SED BY: ATE CAUSE (0)	Hypoter	nsim							
11	underlying couse lost	DUE TO, OR	AS A CONSEQUE	NCE OF							
CATION	PART 2 OTHER SIGNIFICANT	conditions co		DEATH BUT NOT			DISEASE OR	201	b. IF YES,	WERE FIND	INGS USED
TIFICATION	PART 2 OTHER SIGNIFICANT RENAL FAI	conditions co	ntributing to D	DEATH BUT NOT		1		201 IN	b. IF YES,	WERE FIND ING CAUSE	
CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT RENAL FAI	CONDITIONS CO  (W/C  196 CONDIT	NTRIBUTING TO D	OPERATION W.			00 AUTOPSY?	201 IN	b. IF YES, CERTIFY YES	WERE FIND ING CAUSE	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  RENG! FUL  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CONDITIONS CO	NTRIBUTING TO D	OPERATION W.  Y YEAR  19	AS PERFORMED		00 AUTOPSY?  ES NO (ENTER NATURE O	201 IN	b. IF YES, CERTIFY YES	WERE FIND ING CAUSE	INGS USED S OF DEATH?
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	PART 2 OTHER SIGNIFICANT  RENAL FAIL  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHER MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK 220 1 certify that (1) (this hasp	CONDITIONS CO  INCE  19b CONDIT  19b CONDIT  HOUR A.M. P.M. 21e PLACE C (AT HOME, STRE  of) vigw the body of	NTRIBUTING TO D  ION FOR WHICH (  INJURY  A. MONTH DA  OF INJURY  ET, FACTORY, OFFICE, FACTORY  decepsed from	OPERATION W.  OPERATION W.  Y YEAR  19  ARM. ETC.)  PLOOM TO THE COMMENT OF THE C	AS PERFORMED  HOW INJURY C  LOCATION STREET  19 of in (my) (our) o	DCCURRED	EDICAL RECTOR DE	20 IN  FINJURY IN  OR TOWN  STAFF HYSICIAN	b. IF YES, CERTIFY YES ITEM 18 PA	WERE FIND ING CAUSE TITLOR PART 2)	INGS USED S OF DEATH? NO STATE  state that (I) (we) Ie
MEDICAL	PART 2 OTHER SIGNIFICANT  RENAL FAIL  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  220 I certify that (1) (this hosp eoped dive of e) (did Adid in  THE SIGNATURE  22d PHYST DATE S NAME (TYPE	CONDITIONS CO  LOVE  196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  197 CONDITIONS CO  198 CONDITI	INTRIBUTING TO D  ION FOR WHICH O  INJURY  A. MONTH DA  A. MONTH DA  GET FACTORY, OFFICE, FA  deceosed from	OPERATION W.  Y YEAR 19 216 ARM, ETC.)  DEGF	LOCATION STREET  19 of in (my) (our) or REE ATTEND PHYSIC ADDRESS	DCCURRED	On AUTOPSY?  ES NO (ENTER NATURE O	200 IN  FINJURY IN  OR TOWN  STAFF HYSICIAN	b. IF YES, CERTIFY YES ITEM 18 PA	WERE FIND ING CAUSE TITLOR PART 2)	INGS USED S OF DEATH? NO STATE  state that (I) (we) Ie
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WEDICAL MEDICAL	PART 2 OTHER SIGNIFICANT  Rena Fai  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IFEITHER, NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED  WHITE AT WORK AI WORK  220 1 certify that (1) (this hosp egyed awe of e) (did) did in  TE SIGN TIFE  22d PHYST DATS NAME (TYPE	CONDITIONS CO  LOVE  196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  197 CONDITIONS CO  198 CONDITI	INJURY A. MONTH DA A. SF INJURY deceased from	OPERATION W.  Y YEAR 19 216 ARM. ETC.) 216 DEGF	LOCATION STREET  19 of in (my) (our) of PHYSIC ADDRESS TERY OR CREMA  C CEMET	DING MIAN DI	EDICAL EECTOR PH	or town  STAFF TYSICIAN  nsb	b. IF YES, I CERTIFY YES ITEM IS PA	WERE FIND (ING CAUSE )  COUNTY  STILL OR PART 2)  COUNTY  WES	INGS USED S OF DEATH? NO  STATE  that (I) (we) le e couses stated AGNED  LLL FLATE  TABLE
230 B	PART 2 OTHER SIGNIFICANT  RENAL FAIL  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE AT WORK  220 1 certify that (I) (this hosp e) (dig) did n  TE SIGNATURE  22d PHYST DESMANDE (TYPE COMPANDED  12d PHYST DESMANDE (TYPE COMPANDED  BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL  UNERAL DIRECTOR NAME	CONDITIONS CO  INCE  19b CONDITIONS CO  Phouse and the condition of the co	INTRIBUTING TO D  TON FOR WHICH (  INJURY  A. MONTH DA  A.  OF INJURY EI, FACTORY, OFFICE, FA  deceased from  19  182  RC  ADDRESS	OPERATION W.  AY YEAR 19 216 216 22e  DEGF ARM. ETC.) 22e  DEGRATION W.  ARM. ETC.) 216 22e  DEGRATION W.  ARM. ETC.) 216 22e  DEGRATION W.  ARM. ETC.) 216 22e	LOCATION STREET  19 of in (my) (our) of PHYSIC  ADDRESS  TERY OR CREMATE  2	DING MIAN DI	EDICAL PHECTOR PH	or town  STAFF HYSICIAN  RAR 21	b. IF YES, I CERTIFY YES ITEM IS PA	WERE FIND ING CAUSE  THE OR PART 2)  COUNTY  982  and from the	INGS USED S OF DEATH? NO  STATE  that (I) (we) le e couses stated AGNED  LLL FLATE  TABLE

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The second of th Paro rumananan The state of the section of the sect Burginsta sate had been been a second of the Market State Control of the Control Market Control of the factor of the second o The state of the s TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is should be detached for use as the burial-transit permit. Then please remove carbon papers. Paper 2 should be filed with

should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR SOL LEVI 6010 REISTERSTOWN RD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

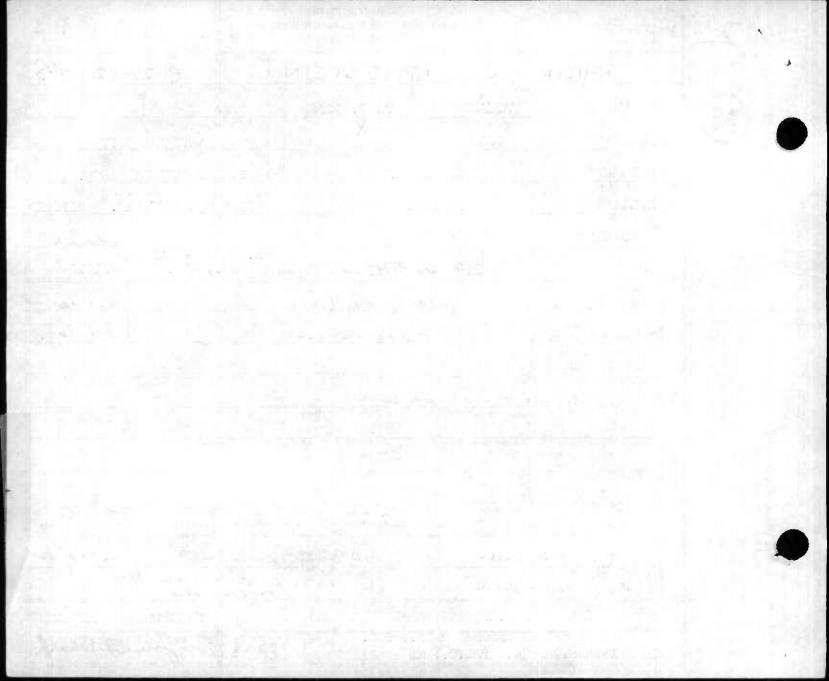
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) PHILLE	) J. AT	PPLESTEIN	20. DATE OF DEATH MONTH	27-82 300 N
1	3. SEX M ALE	4. RACE CAUCASIAN	5. DATE OF BIRTH MONTH DAY MAY 7, 1898	6. AGE (IN YEARS LAST BIRTHDAY)  84 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
12	DIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNT	
90	10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR
33	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE CITY LIMITS	Λ1	PT. A
200	14 FATHER'S NAME LOUIS	APPLESTEIN		MIDDLE	UNKNOWN
medical	160 WAS DECEASED EVER IN U.S. A. (YES) OR UNKNOWN) (IF YES, G	DE LOUIS CONTRACTOR		MRS. ANNA PRPLEST LEIGH RD., APT. A	TEIN #21215
ury, ar ather traumatic event	PART I. DEATH WAS CAUS  1860  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	rt failure NCE OF NCE OF	rminal disease or condition G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  1-2 days  1-2 days  VEN IN PART Ito
ows any in	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
21 is morked or Item 18 sho	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DR (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK		19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)  COUNTY STATE
Item 21 is ma	22a i certify that (1) this hasp	ortal) attended the deceased from	and that in (our) apini	on death accurred on the date and ha	, 19.52 , thay (1) (we) last our and fram the causes stated 22c, DATE SIGNED
MPORTANT: If Item	22d. PHYSICIAN'S NAME (TYPE	aroun PROUN		MEDICAL STAFF  MEDICAL STAFF  PHYSICIAN   C. A elvedere  Balto. MD	8/27/22 Ava.
×.	230 BURIAL, CREMATION REMOVA (SPECIFY) BURIAL	<sup>23b. DATE</sup> AUG. 29,1982 AI	JAME OF CEMETERY OR CREMATOR DATH YESHURUN	23d LOCATION	RE COUNTY MARYLAND

21215

LEVINSON & BROS., INC. RD. BALTO., MD 21





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#### FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	6	600	0		1.0	

						REG. NO.		
	TAMES H  ASHWORTH  EX  Male  Mhite  Mhite  Mhite  Month  January  Married	LAST		NTH DAY YEAR	2b HOUR			
L	JAME:	JAMES H  4. RACE  White  CE (STATE OR FORE GON  DOWN OF DEATH  11. NAME OF HOSPITAL, NURS  DOWN OF DEATH  11. NAME OF HOSPITAL, NURS  THE JOHNS HOP  ENCE (IF NURSING HOME OF HE TITUTION GIVE RESIDENCE BEFORE  RIA PLANT  EASED EVER IN U.S. ARMED FORCES? UNKNOWN)  IF YES, GIVE WAR OR DATES)  LAST  ASHWORT  LAST  ASHWORT  LAST  ASHWORT  LAST  ASHWORT  LAST  ASHWORT  LAST  ASHWORT  DUE TO, OR AS A CONSEOU  (c)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  TRIBUTING CAUSE OF DEATH EN NOTIFY MEDICAL EXAMINER)  URY OCCURRED  NOT WHILE  AT WORK  216. PLACE OF INJURY HOUR A.M. MONTH  DATE OF THE MONTH MEDICAL EXAMINER)  P.M.  171. DEATH WAS UNDERLYING TO  172. PLACE OF INJURY HOUR A.M. MONTH  173. THE MEDICAL EXAMINER)  P.M.  174. PLACE OF INJURY HOUR A.M. MONTH  175. THE MONTH MEDICAL EXAMINER)  176. PLACE OF INJURY HOUR A.M. MONTH  177. THE MONTH MEDICAL EXAMINER)  178. PLACE OF INJURY HOUR A.M. MONTH  179. ONC. (I) (We) (did) (did not) view the body ofter deoth.		ASH	WORTH	AUGUST 31.	1982	09:05AN
3.	SEX	4. RACE				6. AGE (IN YEARS LAST BIRTHDA		
L	Male	White		Jan	uary 20,1946	36	YRS	MIN.
770.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	ED TO NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
	Illinois			WIDOW	ED DIVORCED	BALTIMORE	CITY	MD.
10.	CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b, KIND	
					HOSPITAL			
13	DUAL RESIDENCE (IF NURSING HOWER 1. STATE	OTHER INSTITUTION			1 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
1	Flordia		Plantati	on	YES NO 🔀		75th Ave	
W.	FIRST	MIDDLE	LAST					AST
1					Hazel	A	Robe	erts
160								
L	No		234-74-1	765	Mrs Maryjan	e C Ashworth	Same	9
	18 CAUSE OF DEATH (Enter of	only one couse per	line far (o), (b), and	(c)	***		BETWEE	NONSET AND DEATH
	to the married	JAMES H ASHWORTH    Control   Contro						
	2050		1					
	MAIE  MAIE  Mhite  White  White  S. DATE OF BIRTH  MONTH  January  MARRIED  MARRIED	(acute myel	omonocytic	leukemia	) 3 mont			
	couse (0), stoting the	DUE TO O	R AS A CONSEQUE	NCE OF	J	0	1.0	
	underlying cause lost.	(c)						
1,	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	ON GIVEN IN PART	Ita
1 5						THE PROPERTY.		
/ 5	190 DATE OF OPERATION	196. COND	ITION FOR WHICH (	OPERATIO	ON WAS PERFORMED			
								NO 🗌
				Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
N S	(IF EITHER NOTIFY MEDICAL EXAMINE			19				
A S	21d. INJURY OCCURRED			RM, ETC )		CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK		-	m ( ) ; )		2/1		
1		212		-	-0	c, to	19 0 6	The second secon
1. DECEASED NAME   TROST   TAMES   T	deoth occurred an the date of							
1	276. SIGNATURE	- 0 1	1			MEDICAL STAFF	22c. DAT	ESIGNED
1	D. All	uald	7	/	PHYSICIAN [		D	121185.
	220. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	1.010 11		
-	BHEN	Naidt			1 10 MWZ +	to picins ito:	5 PITOL	
230	(SPECIFY)			AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
2.	Cremation	9/1/8	32 G	reen	mount	Baltimore.	Maryland	
24	FUNERAL DIRECTOR		ADDRESS		25a DA	TE REC'D. BY REGISTRAR 256.	HECKSTRUES SICH	tomily
	Leonard J Ruck	Inc. Ba	ltimore,	Mary.	land \	TI TIBUL	0	

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DRECTOR should be detached for with the State Drept at Her

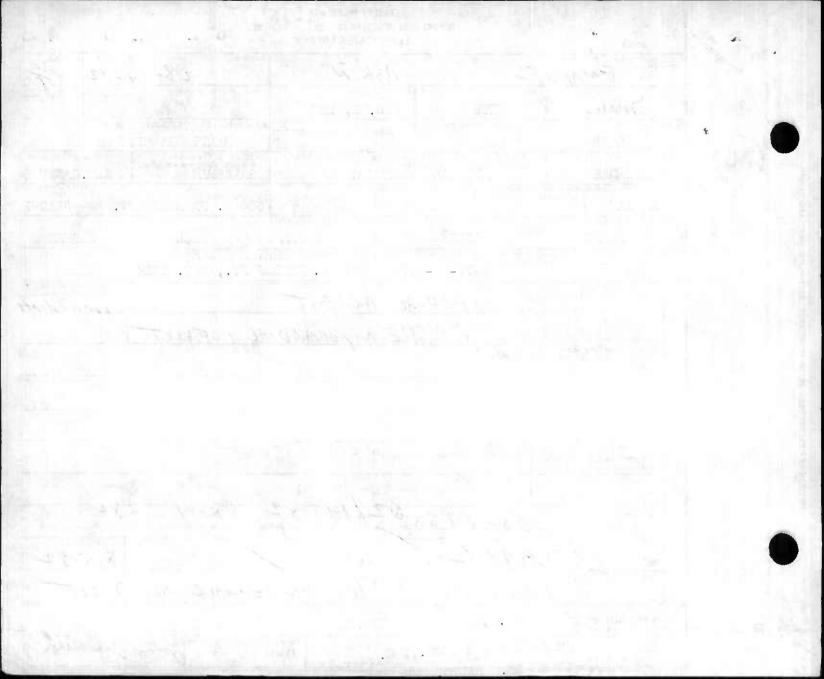
IMPORTANT:

STATE OF MARYLAND CERTIFICATE OF DEATH

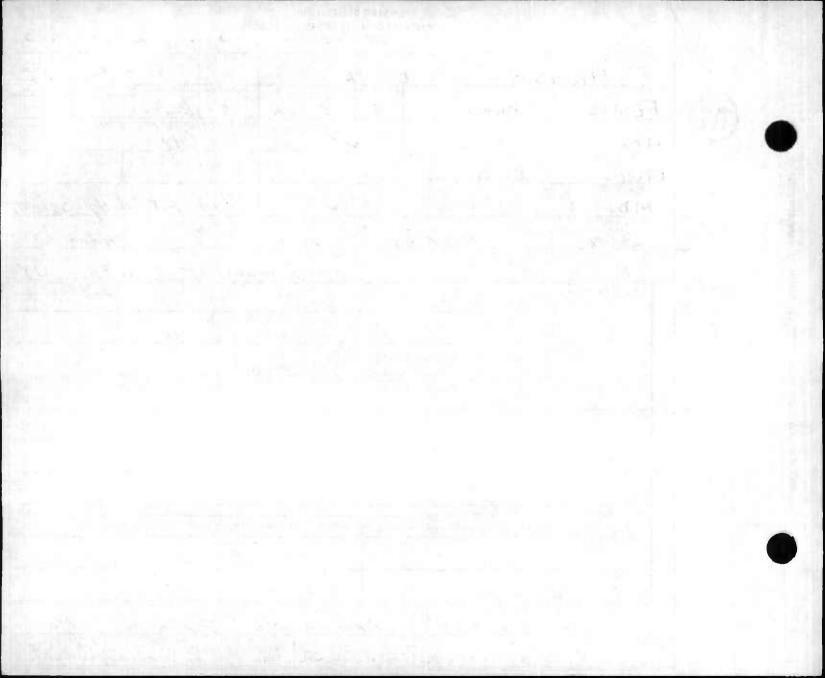
	1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. NO		0	1 4	5
		EASED NAME FIRST CHIPPINITY EMANGE		AIDDLE	AS	ast KIN	6	8- 04	1-82	26. HOUR	OM
	3 SEX	male	4 RACE WHI	ГЕ	5 DATE C		4. AGE (IN YEARS LAST BIRT	YRS	UNDER I YEAR	HOURS /	MIN
5		RTHPLACE (STATE OR FOREIGN DUNTRY) MARY LAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED XXXX	9 BALTIMORE CITY O BALTIM	R COUNTY OF			MD.
9		SALTIMORE		HOSPITAL, NURSIN H FACILITY, GIVE STREET EVINDALE	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE ITYPE OF WORK FOR MOST O SALESMAN	F WORKING LIFE)	121 KIND O INDUSTRY WHSLE		
	13a S	AL RESIDENCE IN NURSING HOME OF TATE (136 COL	OR OTHER INSTITUTION JNTY	GIVE RESIDENCE BEFORE  BALTIMO	N	134 INSIDE CITY LIMITS?	306 W. FRA	NKLIN S	T(	0BACC0 #21:	_
9	14 FA	THER'S NAME FRANK	WIDDIE	ASKIN		IS MOTHER'S MAIDEN NAM SARAH	BEL		B.	ERMAN	
	Iáa W	(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN)   IIF YES, G	RMED FORCES? WE WAR OR DATES)	577-26-6		17 INFORMANT MO	RTON ASK199RE ES ST., APT		#2	1218	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O  DUE TO, O  DUE TO, O  (c)	R AS A CONSEQUE	SCE OF	<u>'</u>	id INFA		- 1 101	med	<u>infi</u>
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, V IN CERTIFY IN YES [	WERE FINDIN	NGS USED	
	MEDICAL CERT	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	R) HOUR A		AY YEAR 19	21c. HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJUI		COUNTY	STAT	TE
		27a. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did) 27b. SIGNATURE	on 8- not) view the body	ofter debth.		12e ADDRESS	death occurred on the d	FF CIAN []	22c DATE	SIGNED	
	23a B	BURIAL CREMATION BEMOVA	AUG 6	,1982 P		CEMETERY OR CREMATORY	23d LOCATION CITYON TOWN BALTIM	ORE	OUNTY MA	STATI	

DHMH-16 25M (VRA 15, 4) 1/79

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.



, Ø	FOR STATE REGISTRAR	DEPARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	20146
75	1. DECEASED NAME FIRST (TYPE OR PRINT)  A+KINS		1 A		8 4 82 10 5 M
(M)	FEMALE		DF BIRTH  DAY YEAR  28 92	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORECITY OR	COUNTY OF DEATH  MD.
The state of the s	BALTO .	11. NAME OF HOSPITAL, NURSING HOME OF LIFT HOSPITAL (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	
Alled in	SUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN	13d. INSIDE CAY LIMITS? YES NO [	13e STREET ADDRESS	TT. HOLLY STREET
Supplement of the supplement o	14 FATHER'S NAME BRICE	MIDDLE Hawkins	15 MOTHER'S MAIDEN NAME FIRST	WIDDLE	HAWKINS
Poper Poper	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECURITY NO.	Mildzed H	oward 177-	
n ugned by the attending phy. Then please remove carbon pa To burial, cremation, or remove injury, or other traumatic event	Conditions, if ony, which gave rise to immediate couse to stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DBY.  TE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF  (b)  ANIMA  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT	ASCUP, ROMA  ASCUP, ROMA  NOT RELATED TO THE TERM	Lignancy a INAL DISEASE OR CONDI	BETWEEN ONSET AND DEATH
to be me pro	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \ NO \
g physics crifticate mal-from mal Hyg hen 18 sh	OR CONTRIBUTION CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 1B, PART 1 OR PART 2)
offer this can the burn the bu	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR: At of for use of it of Healt in 21 is ma	sow the deceased alive on above, (1) (we) (did) (did no	t) view the body after death.		, ta death accurred on the date	e and hour and from the couses stated
by the his ERAL DIRI et detache State Dep	226. SIGNATURE	vanagool	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	
to FUN should b with the	e-suwar	1 AGOOL 1 MD	Luthera	7 - 00/ / 110C	l /
BP	230. BURIAL CREMATION, REMOVAL (SPECIFT)  BURIAL  24 FUNERAL DIRECTOR	236. DATE 236. NAME OF C	Altimore NAT		COUNTY STATE
WR A 15 (4) )	VERNON R. BOX	iley 13t8 N. Calh	4 1 4 2 1	G 0 6 1982	John J. Court



DHMH - 17 (VR A15 ME (5))

20M 4/B2

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE O	OF DEA	H Z REG. NO	2 0	1 4	
1. DECEASED NAM (TYPE OR PRINT)	E FIRST		MIDDLE		LAST		OF ESTI-	MONTH I	DAY YEAR	2b. HOUR
(TO CONTRACT)	MI	CHAFL	DAVID		AUFFARTH		DEATH MATED	8-24		M
2.5EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN )	YEARS IF UN	DER TYR. IF UNDER		2c. DATE PRONOUNCED		DAY YEAR	2d. HOUR
Male	White	Sept. 19,		YRS.			DE AD	8-24		8:53A
BIRTHPLACE (S FOREIGN COUNTRY)		76. CITIZEN OF WH.	AT COUNTRY?	8 MARR	IED NEVER MARK	RIED X	BALTIMORE CITY O	R COUNTY	OF DEATH	
Maryla		U.S.A.		WIDOV	VED DIVOR	CED	AL OBOLATION TYPE	o City	While of the	MD.
TD. CITY OR TOWN	OF DEATH	(IF NOT IN SUCH FAC	ITAL, NURSING HOA	5)		FOR M	OST OF WORKING LIFE)		OR INDUST	RY
Baltimo	re	South FOR OTHER INSTITUTION, GIVE	Baltimore	Gener	al Hospita	id 10	urneyman	1	Plumbi	ing
Md.	Ba	NTY lto.	Timoniur	m	T3d. INSIDE CITY LIMITS?	13e STRE	Oakway Ro	oad 21	1093	
14. FATHER'S NAME	E	WIDDLE	LAST		TS MOTHER'S MAID	EN NAME	MIDDLE		LAST	
John		Lawrence			Delores		Catherine		Rock	
Tén WAS DECEASE (YES, NO, OR UNKNO		RMED FORCES? E WAR OR DATES)	166. SOCIAL SECUR		17 INFORMANT	_	ADDRESS			
No	-		220/84/8	640	Mrs. De	elore	s Auffarth	65 Oa	ıkway	Rd.
Gondition gave ricause (on lying can	ns, if ony, whice ise to immediate of the one of the on	ATE CAUSE (a)  DUE TO, OR A  (b)  DUE TO, OR A  (c)	ELECTROC AS A CONSEQUENCE	E OF					BETWEEN ONSE	T AND DEATH
	IGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TEI	RMINAL DISEAS	E OR CONDITION GIVEN IN P	ART T (all.				
3 190 DATE OF	OPERATION	196 CONDITI	ON FOR WHICH OP	ERATION W	/AS PERFORMED?				20 AUTOPSY	?
HI L									YES XX	NO 🗆
UNDERLYING CONTRIBUTI	ING CAUSE OF	P.M.	1 MO 8 H 2 4 4 8 2	AR SUD	ject worki	ng on tensio	scaffold lon wire	ost fo	ooting	and
WHILE AT WORK	NOT WHILE AT WORK	2Te PLACE O STREET, FACTY Chem i	cal compar	ny 5!	500 Daviso	n St.	"Battimore	, Mar	yland	STATE
220 I cert death result ACTUAL SIGNATURE		rge of the remains desc urol causes .		Autop Suicide	ASSISTANT	Undete	Inquiry , one ormined manner ,	DATE SIGNED	-24-82	
EXAMINER'S (TYPE OR PRI	NT)War	garita A. k			ADDRESS		Street			
23a.BURIAL, CREMA	TION, REMOVAL		23c. NAME OF C			CITY	CATION	COUNTY		TATE OO 2
Burial	TOR	26 AUG 8	Z   Dulane	y val	ley Ceme		monium. N	VLaryla	NATURE O	093
		vson Pådör	nia & Yor	k Rds		G25	1982	m &	Cahrel	A.

and the street of the street o Preside D. deseron Bradoria w Easte eds.

U.S. A

8n 140

politics de

Robinstle Briley 4171

X YITI FAIR VIEW Rd

Esther Baili

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

BP\_\_\_\_\_\_ DHMH-16 50M 1/B1 (VRA 15, 4)

within 24 haurs after death. Page 4 may be

#### STATE OF MARYLAND

0	14	0	0	3	A	- 0
8	lan	lin	U	- 1	Clerk	
	REG. NO.	7.14				

	STATE REGISTRAR	DEP	CERTIFI	CATE OF DEATH	8 2	, NO. 2	0 1	4 9
1 SEX 7a BIRTH	HPLACE (STATE OR FOREIGN NIRY)	A. RACE  Black  To citizen of What Coun  U.S. A  11. NAME OF HOSPITAL, NU  (IF NOT IN SUCH FACILITY, GIVE S	MARRIED WIDOWED URSING HOME OR STREET ADDRESS)	DAY YEAR  NEVER MARRIED DIVORCED	6. AGE  6. AGE  7 BALTIMORE CIT  120 USUAL OCCUP	BI YRS YOR COUNTY ATION	ISONOER I VEAR IN ONTHS DAYS IN	HOUR 8:05 UNDER 24 HE OURS MI
I4 FATHI	HA HER'S NAME FIRST DEOUGE S DECEASED EVER IN U.S. ARI	MIDDLE BASE  MED FORCES? 166 SOCIAL SE WAR OR DATES!	BEFORE ADMISSION) TOWN +D.	3d INSIDE CITY LIMITS? YES IN NO INSIDE NO INS	AD	Vible	et Are Harmo	apt i
C g g c c	CAUSE OF DEATH IEnter and PART I. DEATH WAS CAUSED IMMEDIAT.  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  ART 2. OTHER SIGNIFICANT C	D BY: E CAUSE (a) CARDIC  DUE TO, OR AS A CONSI  (b) R EN  DUE TO, OR AS A CONSI  (c)	EQUENCE OF	TILURE	MINAL DISEASE OR C	ONDITION GIVE	APPROXIMA BETWEEN ON:	SET AND DEA
FICATIO	DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING	S USED DEATH?
MEDICAL CERTIFIC	DATE OF OPERATION    O. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FFICE FARM ETC) om Hugge	71c HOW INJURY OCCU 711 LOCATION STREET	YES NO RRED (ENTER NATURE OF	IN CERTIFY YES INJURY IN ITEM 18 PAI R 10WN LA ZLA. 1 e date and hour	COUNTY	STATE

enns in the Samuel Laboratory the second of the second of The state of the s 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filling in by the time should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages 1 and 2 shalled be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, or ather traumatic event, the medical

# FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

630	0 ,	0	5	3.	(0	61
0	6	Con.	0	- 1	3	U
-	REG. NO.	-				

ł	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	40.	9 1	3 0
Ī	. DECEASED NAME FIRST	WIDDLE	LAS1		20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
1	Clara (Kalie	opi)	Baka	ns		8/20/	82	120 pm
3	3. SEX	4. RACE	5. DATE OF		6 AGE (IN YEARS LAST B		DER I YEAR	IF UNDER 24 HRS
1	Female .	White	NONTH 10	°3 ŏî	80	YRS.	DAYS	HOURS MIN.
ď	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	☐ NEVER MARRIED ☐	9 BALTIMORE CITY	OR COUNTY OF D	DEATH	
1	Greece	U.S.A.	WIDOWED	DIVORCED [	Baltimor	e City		MD.
	Baltimore	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET  Baltimore Cit	y Hospi		TYPE OF WORK FOR MOSE HOUSEWIT		B. KIND OF	F BUSINESS OR
1	JAL RESIDENCE (# NURSING HOME O STATE 136 COU		VN  13	BIL INSIDE CITY LIMITS? YES 🚰 NO 🗌	13e. STREET ADDRESS	ldham St	reet	
	FATHER'S NAME Michael	Verinaki		MOTHER'S MAIDEN NAM	WIDDLE	Ts	ape <b>ï</b> ľ	a
ľ	60 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES) 213-07-3		Miss Mary D.		2 S. Old	ham S	Street
F	18 CAUSE OF DEATH (Enter o	inly ane cause per line for (a), (b), ar	nd (cl.)					MATE INTERVAL
Т	PART I. DEATH WAS CAUSE	ATE CAUSE (0) Acute	My	ocure te	In fancit	TON	2	de 30 mm
1	4100	DUE TO, OR AS A CONSEQU	IENCE OF					1
ı	Conditions, if ony, which	( b) An egri	lean 1	1I on 8/	18/82		2	days
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF		/			0
Т	underlying cause lost.	(c)						
1		CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PART 11a	
	Throm	bo cytonenza			4-7			
	Throm.  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI		OF DEATH?
-	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	2	11 HOW INJURY OCCURRI	YES NO	YES T	OR PART 2)	NO 🗌
			AY YEAR				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	IF LOCATION				
	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE,	FARM ETC )	STREET	CITY OR TO	OWN C	OUNTY	STATE
1		oital) attended the deceased from	8 -	18 19 80	10 % -	20 19	82-	hat (I) (we) last
1	saw the deceased alive an	at) view the body after death	Sec, and	that in (my) (aur) apinion d	eath accurred on the o	ate and hour and	from the c	auses stated
1	22b. SIGNATURE	at view the body after death.		GREE			22c DATE S	
ı	John 1	l. Stillton	MIN	ATTENDING PHYSICIAN	MEDICAL STA		81	20/22
1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	17	2e ADDRESS				700
	John R.	. Wittpenn	MD.	Baltimore	e City 1	tospit	2/	
2	3a. BURIAL, CREMATION, REMOVAL (SPECIFY)			ETERY OR CREMATORY	23d LOCATION	401	INTY	STAPE
	Burial	8-23-82 Gr	eek Ort	chodox Cem.	Baltimor		0 10	Mo.
2	Nicholas T. Matt	hews, 3021 Easte	ara Arra	250 DATE		2 b REOSTBAR	N ISTORY	ReL
	HIGHORAS I. MALL	Baltimore.	Mg Aver	AUG	25 1982	V		

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital ar attending physician.

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR AUG 1 5 1982

2

REGISTRAR			REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	YEAR 2b. HOUR
ALE	XANDER WAGMAI	V BAKER	8 10	82 9:09A M
1 SEX	4. RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
Male	WHITE	MONTH 3 1914	VRS.	
TIL BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
PENNA	USH.	WIDOWED DIVORCED	BALTIMORE CITY	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
BALTIMORE	VAMC. LOCH RAVE	EN BALTO. MD	CARPENTER	NS. 900+
130 STATE IS NURSING HON	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		? 13e. STREET ADDRESS_ //	. /
FENDA 4	ORK HING	WER YES NO [	125-FIFTH 51	4
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	149 A 1
EDWAR	D Bak	ER EIIA	Wa	931171
160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	9-17-11 = ADDRESS 125	FIF \$11 51
	183 07	6968 MYRNA-	POONER HJ	VOUER PA.
18 CAUSE OF DEATH (Ente	er anly ane cause per line far (a), (b),	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a) Cardio	respiratory arrest	prince .	
1552	DUE TO, OR AS A CONSEC			
Canditians, if any, which	1	withir concinon	on to liver lung	
gave rise to immediate cause (a), stating the	) ''		7	
underlying cause last	DOL TO, OK AS A CONSE	DUENCE OF		
PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(g)
198. DATE OF OPERATION 7/25/82 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		, WERE FINDINGS USED
1125/82	acute abd	omen	YES NOT YES	YING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	
OR CONTRACTOR CONTRACTOR		DAY YEAR		
(IF EITHER, NOTIFY MEDICAL EXAM	AINER) P.M.  21e. PLACE OF INJURY	211, LOCATION		
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		n July 25 10 82	to August 10	9.87 thatVI) (we) last
	aspital) attended the deceased from  on August 10	60	ian death accurred an the date and haur	,,,
abave, (4) (we) (did) (4)	( not) view the bady after death.	DEGREE	The state of the s	27c. DATE SIGNED
THE SIGNATURE	I A M	ATTENDING		8/10/82
22d. PHYSICIAN'S NAME (I	J. Money	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	011-18-
NA			n Raven Blud. Balti	mate Md 21218
DAVID T.	SOWA M.D	<u> </u>		more, Mu 21210
23 BURIAL CREMATION, REMO	71 ~ (7 2 1	C. NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	COUNTY STATE

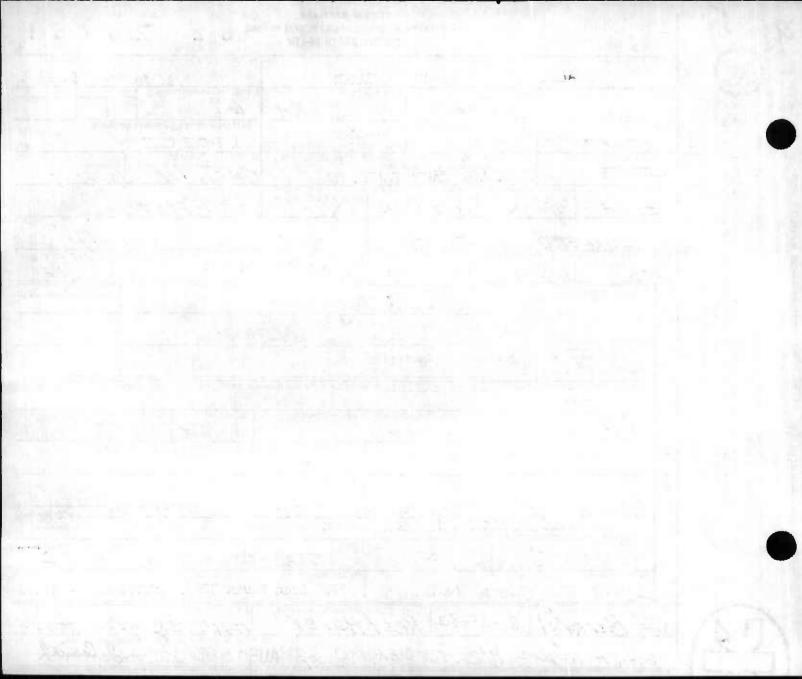
DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUMERAL DIRECTOR.

TO HOSPITAL

IMPORTANT, if hem 21 is should be detached for with the State Dept. of

24 FUNERAL DIRECTOR



(O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

4	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENE 8-2	2	0 1	5 2
1		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	NO HTMOM	Y YEAR	26 HOUR
		JOSE		G.		KER	August 28			6 A
7	3. SE		4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIRTE		ONTHS DAYS	IF UNDER 24 HR
I.R. of		Male	Wh		May	28, 1893	89	YRS		
35		RTHPLACE (STATE OR FOREIGN OUNTRY)  Maryland	U	WHAT COUNTRY?	WIDOWI		Balto.		OF DEATH	
11	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL COUPATR	ON WORKING LIFE)	126 KIND C	F BUSINESS C
10		Baltimore	1 1 1 14	honon II	aanit.	al	Meat Pacl		Food	Indust
32		AL RESID! ICE (IF NURSING HOME O	R OTHER INSTITUTION NTY	13c. CITY PTOW Baltin		130 INSIDE CITY LIMITS?	130 STREET ADDRESS 611 E.	30th 3	St <b>r</b> eet	
2	14 FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	
16		George	M.	Baker	•	Virginia			Baker	
1	160 V	VAS DECEASED EVER IN U.S. AF	E WAR OR DATES)	166 SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDRE	SS		
/		No		215 03	9445	George F.	Baker,		Same	
pory, or other road	NO	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO J		NOT RELATED TO THE TERM	Inal disease or cont	ITION GIVE	N IN PART 10	D)
2	CERTIFICATION	TRE DATE OF OPERATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	786 ALITOPSY?		WERE FINDS	
9		71s. ACCEPINI WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE OF EITHER, NOTIFY MEDICAL EXAMPLES	- 12 C C C C C C C C C C C C C C C C C C	A MONTH D	AY YEAR	21s HOW PAJURY OCCUR	RED ISHTER HATTHE OF MILE	V IN ITEM 18, PAS	(1 ) Q4 FART 2)	test
5	MEDICAL	214 INJURY OCCURRED	27e PLACE	OF INJURY HET, FACTORY, OFFICE, F	-	THE LOCATION	CITY OF TOW	N	COUNTY	STATE
S 1 7 8		22x 1 certify that II withis hosp ow the deceased alive or above, (IL/we) (did) (did)	1 18		12	nd that in (my) (our) apinion	death occurred on the do	te and hour	and from the	
		276 SIGNATURE	4	1/5	mo	ATTENDING PHYSICIAN [	MEDICAL STAF		22c. DAJE	SIGNED 2
		22d. PHYSICIAN'S NAME (THE	). Sac	agio		220. ADDRESS	Hospital	S Bal	Homa	<u> </u>
	(:	BURIAL, CREMATION, REMOVAI SPECIFY) Burial	8/3	0/82 H	Holy	EMETERY OR CREMATORY Redeemer	23d LOCATION CITY OR TOWN Balto.	City,		STATE
	24 F	UNERAL DIRECTOR Henr NAME 1905 York Roa	y W	Jenkins 8 to., MD	& Sor 212	ns Co. AUG	REC'D. BY REGISTRAR.	REGISTR	AR'S SIGNAT	URE

DHMH - 16 50M 1/76 (VR A 15 (4))

retained by the hospital or attending physician.

MANAGER BY THE SAME OF THE STREET OF THE STREET ich MA 

4 moy be

death. Page

and 2

physician

offending

signed by the

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING PHYSICIAN: The law

or attending physician

retained by the haspital

should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MEDICAL

injury, or ather troumotic event, th

1	FOR STATE REGISTRAR			ENT OF H	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	Q	2 EG. NO.	20	5 3
4600	1. DECEASED NAME FIRST (TYPE OR PRINT)	NSTANCE	Α.		NKERD	20. DATE OF DEA	S S HIMON	8 82	26. HOUR PM
4	3. SEX 4 RACE White			July		6 AGE (IN YEARS L	AST BIRTHDAY) YRS.	MONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
2	70 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT CO COUNTRY)  Maryland  USA			WIDOWE			nore Ci	ity	MD.
1	Baltimore	Memori	emorial Hospital			JPATION MOST OF WORKING L Derson	(FE) INDUSTRY	ht Co.	
2	13a. STATE 13b. COL	UNTY 13c	RESIDENCE BEFORE A CITY OR TOWN Baltimor		YES 🔀 NO 🗌		ess odbour	ne Ave	nue
7	14. FATHER'S NAME FIRST Arthur	MIDDLE I.	Judge				DLE	Phelps	ii 3
1	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES C	SIVE WAR OR DATES)	SOCIAL SECUR		17. INFORMANT Susan Bank		DDRESS	Same	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE OF DEATH WAS CAUSE O	DUE TO, OR AS	ACONSEOUEN A CONSEOUEN	ICE OF	Obstanctun	e Respi		BETWEEN	IMATE INTERVAL ONSET AND OBATH

62 VING ULA WIT 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING \_ CAUSE OF DEATH YEAR P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 22a. I certify that inion death accurred on the date and hour and from the causes (our) 22b. SIGNA DEGREE ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR | PHYSICIAN

22e ADDRESS

210

IMPORTANT: If Item 21 is morked or Item 18 shaws 23a BURIAL, CREMATION, REMOVAL Burial

22d. PHY

23b. DATE 8/31/82

LOERA

23(. NAME OF CEMETERY OR CREMATORY Dulaney Valley

Balto.

MD

24 FUNERAL DIRECTOR Henry 4905 York Road W. Jenkins & Sons Co. Balto., MD 21212

County, AUG 30 ISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

BRA LET (4.5 ) A MAN TO THE TOTAL TO THE TOTAL TO A T Units 29 old 71 . Street neerscand bagging being memory continues and street so . Baltimore Warus 170 Vaquanna - Warus " TE U. S CHELLE METERS DE LE Transfer of the total total Charles Charles Inches Company Delica uil 182 Danie Vales Sulla constant and sulla sulla

injury, or other troumotic event, the

Irem 18 shows any

MPOSTANT # H

id Mintal Hygiene priar ta burial, crematian, or remavol

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

}	4.3	
•	6	
	REG	NO

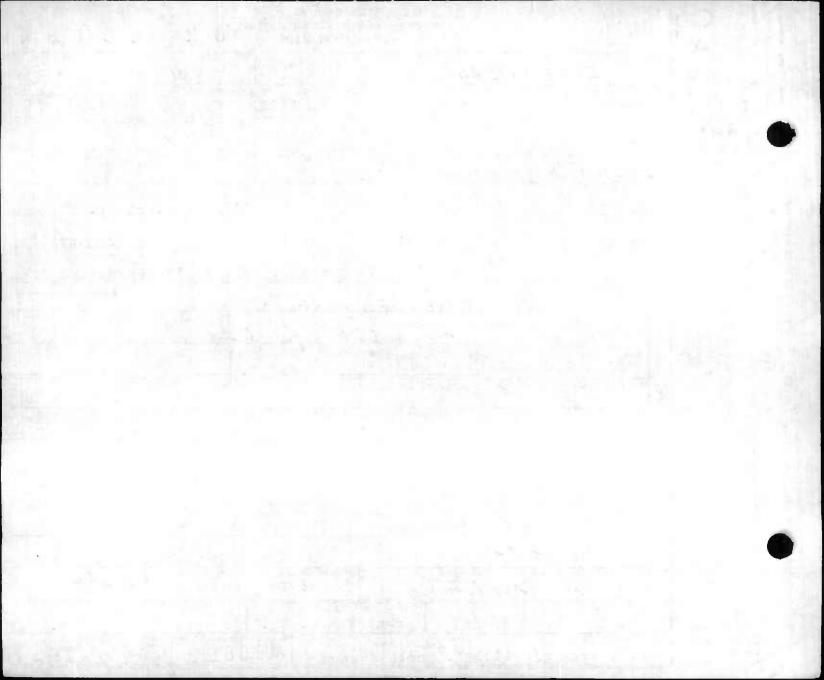
1	1 -	STATE REGISTRAR			CERTIF	ICATE OF D	EATH	8	REG. NO.	2	0 1	5	di
		CEASED NAME FIRST EDNA		NKINS	ī	AST		20 DATE OF	- 1	NTH DA	Y YEAR	26. HOUF	
	3 SEX	emale	4 RACE Blac	k	5 DATE C		1 8 9 3	6 AGE (IN YEA	RS LAST BIRTHDA	MO	FUNDER I YEAR		24 HRS
5		RTHPLACE STATE OR FOREIGN		VHAT COUNTRY?	MARRIE WIDOWE	D NEVER M	AARRIED	9 BALTIMOR	ECITYORC	OUNTY	)F DEATH		N
1	I	TY OR TOWN OF DEATH  BALTIMORE	Provi	iospital, nursin fracility, give street a dent Ho:	spita		NOITUTI	120 USUAL O	CCUPATION FOR MOST OF W			OF BUSINES	5S O
5	13a. S M a	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUP Tryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltime	V	13d INSIDE CI YES 💢	NO 🗌	13e STREET A		mon	Ct.		
C	)	Joseph	MIDDLE	Herbert		He	nriett		MIDDLE		Somme	rvil	<u>1 e</u>
/	{Y	/AS DECEASED EVER IN U.S. AR es, no or unknown) (if yes, givi	MED FORCES? E WAR OR DATES)	220-35-		Jame		ankins	4128	Sur	nepi	de A	ve
	NOI	Conditions, if ony, which gove rise to immediate couse 10), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	(b)	AS A CONSEQUE  AS A CONSEQUE  NTRIBUTING TO D	NCE OF	NOT RELATED	Pare TO THE TERM	tion INAL DISEASE	OR CONDIT	ION GIVER	N IN PART 1	10	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTO	PSY? 20	Ob. IF YES, V V CERTIFYI YES	WERE FINDI	INGS USED S OF DEATH NO	H?
	MEDICAL CERT	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A./	A. MONTH DA	Y YEAR			RED (ENTER NATI		ITEM 18, PAR	T I OR PART 2)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATIO STREET	N	H	CITY OR TOWN		COUNTY	STA	TE
		220.1 certify that (1) (this hospi sow the deceosed alive an obove, (1) (we) (did) (did no 22b. SIGNATURE	81	2 19 !		DEGREE	TTENDING	MEDICAL	on the dote	_/_	ond from the	that (I) (we couses state SIGNED	,
		22d. PHYSICIAN'S NAME (TYPE O	PASHD	AN		22e ADDRESS	6/60	L'BE	RTY	t/E	ight	7	
		URIAL, CREMATION, REMOVAL SURIAL		23c. N		EMETERY OR C		23d. LOC AT CITY OR	TOWN	C	OUNTY	M d	re e

DHMH - 16 60M 1/75

14 FUNERAL DIRECTOR Wm.C. March F/H 1101 E. North Avenue (VR A 15 (4))

FOR

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUG 06 1982



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached far use as the burial-tronsit permit. Then please remaye corbonpapers. Pages, Lond 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 slows ony injury, or ather traumatic event, the medico

executed within 24 hours after

requires that the death certificate be

FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	2	2	0	1	5	(1) 40)
	REG. NO.	4.00		7		

REGISTRAR				CERTIF	CAILO	DEATH		REG. NO	D			
1. DECEASED NAME	FIRST	\	WIDDLE		AST A ALL		20. DATE OF		MONTH /	1	AR	2b. HOUR
	ELME		WRIGHT	- l	BANK	>			8		2	8:02 P.W
3. SEX		4. RACE	,	5. DATE O	F BIRTH	YEAR_	6. AGE IN YE.	ARS LAST BIRT	HDAY}	MONTHS I	YEAR	HOURS MIN.
Male		8 la	ck	2	900	1921	6		YRS.			
O BIRTHPLACE (STATE			WHAT COUNTRY?	8 MARRIET	- KNEVE	RMARRIED -	9 BALTIMOR	E CITY O	R COUNT	Y OF DEAT	TH	
North Ca	rolina	U.	S. A.	WIDOWE		DIVORCED [	Balti	more	Ci	ty. N	lar	ylando
O CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	R OTHER IN	ISTITUTION	12a USUAL O	CCUPATR	NC	12b. K1	ND OF	BUSINESS OR
Baltimor	е	North		s Gen	eral	Hosp	Brick	-Lay	rer			ng Tra
USUAL RESIDENCE (#	NURSING HOME OR		GIVE RESIDENCE BEFORE		1124 INICIDE	CITY LIMITS?				Fall	st	aff Rd
Maryland	130.0001		Baltimo	re	YES X	NO [	Balti	more	, M	aryla	and	aff Rd 21215
4 FATHER'S NAME		MIDDLE			15 MOTHE	R'S MAIDEN NA						
Irvin		WIDDLE	Bank	(S		Sadie		MIDDLE		St	LAST	art
60 WAS DECEASED E	VER IN U.S. AR		16b SOCIAL SECU		17 INFORA	MAN'Balt:	imore	ADDRE	SS Ma			21223
(YES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	220-05-	2607	Mis		rice B	anlee	23			etta A
			line for (o), (b), one		1110	о пса о	TIOC D	CHITTE	2).			NATE INTERVAL
PART 2 OTHER	stating the ause last SIGNIFICANT (	(c) ONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT								
NO 190 DATE OF OP	EKATION	196. COND	ITION FOR WHICH	OPERATION	N WAS PERI	ORMED	YES	NO X	IN CERT	ES, WERE FI IFYING CAU 'ES	USES (	OF DEATH?
		116	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW	injury occuri	RED (ENTER NATI	JRE OF INJUR	Y IN ITEM 18	PART I OR PAR	RT 2)	
OR CONTRIBUTING (IF EITHER, NOTIFY  21d. INJURY OCC  WHILE AT WORK	CURRED  OT WHILE   AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	21f. LOCAT			CITY OR TOV	VN /	COUNT	ſΥ	STATE
sow the deabove, (1)	ceosed alive on vei (did) (did no		ne deceased from 19 8			y) (our) pinion	, to death occurred	on the do	te and ha	, 19		not (I) (we) lost ouses stated
A.C.	hours		Ь,	C	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF PHYSIC			- 2	15NED
A. C.	CHOU!		, m.D.		NO P		HARLI	ES	GE	NERA	2	HOSP.
30 BURIAL, CREMATION (SPECIFY) Bur:		23b. DATE 8/27/	100			e Vet.	23d LOCAT		Aru	ndel	Co	Md

BP DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital ar attending physician.

24 FUNERAL DIRECTOR

Vet.Cem.

Anne Arundel Co.

MURE ADDRESMANJANE TUNERALHOME 3055 W. NORTH

ELECTRICATE THAT THE PARTY OF T Liberty of the contract of the Bir anible i regal-weblitzersen Estered delical sitte a sacratical The thousand Took (or the control of the control of

death. Page

	1					
1	1.	FOR STATE				DEPART
		REGISTRAR	Sophie	M.	Baquol	

## STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE

: 10	6.6
24	and the same
~	dia.

'	- STATE REGISTRAR Sophie N	1. Baquol	CERTII	FICATE OF DEATH	REG. N	10.	U	5 0
	SOPHIE	MAR	y B	ARUOL	2a. DATE OF DEATH	MONTH 6	9 1982	26 HOUR 5: 56P
3. S	FEMALE	WHITE	5 DATE (	10_ 1930	6 AGE (IN YEARS LAST BII		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
100	MRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A.	MARRIE	DIVORCED	BALTIMO	_	OF DEATH	M
B	ALTIMORE  JAL RESIDENCE (IF NURSING HOMEOR)		OSPTTA		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Laborer		E) INDUSTRY	nghouse
13a.	Md. Balt	TY 13c. CITY OR			2819 Penn	sylvar	nia Ave	. (21227
2	ATHER'S NAME FIRST Frank	AIDDLE LAS Schi		15 MOTHER'S MAIDEN NA Sophie	WE		Chor	
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) IF YES, GIVE NO	MED FORCES? 166 SOCIAL WAR OR DATES) 217-26	SECURITY NO. 5-8728	Calvin L. Ba	quol (same		e)	
NOI	PART I. DEATH WAS CAUSED  4960 IMMEDIATI  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF	Respirat	REST Dry Fai	Lue	6	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:a							
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO			
A	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)							
MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC )	21f LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	22a.1 certify that (1) (this haspite sow the deceased alive on above, (1) (we) (did) (did not			nd that in (my) (our) opinion	, to death occurred on the d			that (1) (we) last
	22b. SIGNATURE	Maan		DEGREE ATTENDING	MEDICAL STA	FF STANL FOR	22c DATE	SIGNED

TO FUNERAL DIRECTOR: After this certificate has been

DHMH - 16 50M 1/81 (VRA 15, 4)

njury, ar other traumatic

shauld be detoched for use as the burial-tronsit permit. Then please remove a with the State Dept. of Health ond Mentol Hygiene priar to burial, cremation.

IMPORTANT: If Item 21 is morked or Item 18 shows any

230 BURIAL, CREA (SPECIFY) Burial CREMATION, REMOVAL 23b DATE 8/13/82

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

ST. AGNES

23d LOCATION
CITY OR TOWN

Baltimore

24 FUNERAL DIRECTOR Balto., Md. 21225 ADDRESS

PAUG 1

HOSPITAL, BALTIMORE, MD

Gonce F.H. 4001 Ritchie Hgwv

MLAM

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

are smill and shall all the same to the same (National Property of the Control of SECTION OF THE SECTIO Goldsterry great Did Farrurs Carlotte Committee Committ TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

etained by the hospital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the burnal from it prime. Then please remaye as with the State Dept. of Health and Membal Hyanse print to buriol, cremation,

IMPORTANT: If them 21 is morked or them 18 thousand

Leonard J. Ruck, Inc.

24 FUNERAL DIRECTOR

injury, or other traumotic event, the

death. Page 4 may be

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I	REGISTRAR		CERTIFICATE OF DEA	REG. NO.				
1	. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
	Joha	anna K.	Bark	Aug. 6, 1982	A4			
1	1. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Female	White	Nov. 6, 1896	YEAR 85 YRS	MONTHS DAYS HOURS MIN.			
d	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8	- 9 BALTIMORE CITY OR COUN				
1	Germany	USA	MARRIED ☐ NEVER MARR	City	MD.			
١	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUT	ION 12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR			
	Baltimore	Hamilton Nu	ursing Home	Housewife	GLIFE) INDUSTRY			
>	MSUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU	NTY 13c_CITY C		10004 04 44	e Avenue			
	14. FATHER'S NAME	wants.	15 MOTHER'S MA					
g	Johann	Bardenhagen	Anna	Wal	ler			
	160 WAS DECEASED EVER IN U.S. AL	NE WAR OR DATES	AL SECURITY NO. 17 INFORMANT	17 INFORMANT ADDRESS				
	no			Mrs. Alice B. Roberts same				
	18 CAUSE OF DEATH (Enter o	nly one cause per line far (a),	(b), and (c).n	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUS	ED BY:	asdige +	ailure.	,			
	4100							
	Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF Reufe My ocardial infaret 10 line							
	Conditions, if ony, which gave rise to immediate	(b)	4-16-1	1 and OVIT				
	couse (a), stating the underlying cause last	DUE TO, OR AS A COM	NSEQUENCE OF PALL	in sou's clines	0			
		(c)						
	PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101						
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	LINE CONDITION FOR	WILLIAM CORPORTION WAS OFFICE OF THE CORPORATE OF THE COR	Las Auxonomo Tana Is	/5C 1/5D5 5D /D / 100			
ť.	HATE OF OPERATION	198 CONDITION FOR	WHICH OPERATION WAS PERFORMED	ON WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	E ACCIDENTANCE DE LA CONTRACTOR DE LA CO	The state of the state of	In the state of th		YES NO			
			TH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM )	8 PART ( OR PART 2)			
	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19					
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	AT WORK NOT WHILE AT WORK							
	220.1 certify that (1) (this hospital) attended the deceased from May 1977, to August 60, 19 32, the							
	sow the deceosed olive on 19 19 19 19 19 19 19 19 19 19 19 19 19							
	THE SIGNATURE 22 DATE SIGNED							
	Forou	un, un	ATTEN PHYS	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7				
1	274 PHYSICIANS NAME (TYPE	OR PRINT)	22e ADDRESS	27e ADDRESS				
	Iseborg Fromm MD.		8014 01	8014 Old Harford Rd. Baltimore, Maryland				
1	23a BURIAL, CATMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREM					
	Burial Aug 8 1982 Lagrang		Lagrangeville	Lagrangevi]	Lagrangeville N.Y.			

Baltimore, Maryland

250. DATE REC'D.

9 1982 25b.

DHMH - 16 50M 1/81 (VRA 15, 4)

efficeration 25125 and Irang Lagrand W. Huch, Inc. Balvicore, Parellers | Hill |

	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	20158			
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
	NET'	TIE V. B	ARNES	AUGUST 09,	1982 11:38PM			
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
1	Female	Black	7 28 20	62 YF	The same of the sa			
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COU				
ø	IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	BALTIMORE  120 USUAL OCCUPATION	CITY MD.			
2	Baltimore		PKINS HOSPITAL	(1) PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
5	SUAL RESIDENCE (IF NURSING HOME 130. STATE MD		N 113d INSIDE CITY LIMITS	130. STREET ADDRESS 1309 Maple	Avenue			
5,	14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	15. MOTHER'S MAIDEN NAME				
Ć	Charlie	Alston Roberta		a Richardson				
5	160 WAS DECEASED EVER IN U.S. A  (YES NO OR UNKNOWN) (IF YES. G	RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDRESS				
4	No	N/A	Alex Barn	es 1309 Mapl	e Avenue			
NOITACIBITATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.		TESTIVE HEAR					
	PART 2. OTHER SIGNIFICANT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a						
	NONE	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO			
		DEATH HOUR A.M. MONTH DAY YEAR						
	OK CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	saw the deceased alive a	pital) ottended the deceased from	P2, and that in (my) (aur) apinion DEGREE	to AVG 9 death occurred an the date and	, 19 , that (I) (we) last have ond from the causes stated			
	LEROV M	MVRERC TR		MEDICAL STAFF	8-9-82			

22e ADDRESS

ZOHNS 231 NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

JR.

DHMH - 16 50M 1/B1 (VRA 15, 4)

the burial-transit permit. The and Mental Hygiene prior to

MPORTANT: If frem 21 is marked or them 18 shapes

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave.

8/13/82

NYBERG

236. DATE

230. BURIAL, CREMATION, REMOVAL Burial

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION
CITY OR TOWN
Baltimore

HUPKINS HOSPITAL

CO .

BALT. 120-21205

MD

SOL TOURS . TO PROPER PRID AND TILE CARADE HARAIT when the court of the first the state of the Part - 12 Willeston I was the first that I begin the way and completely filled in by the funeral ages I and 2 should be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and conshauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

attending physician

etained by the hospital ar

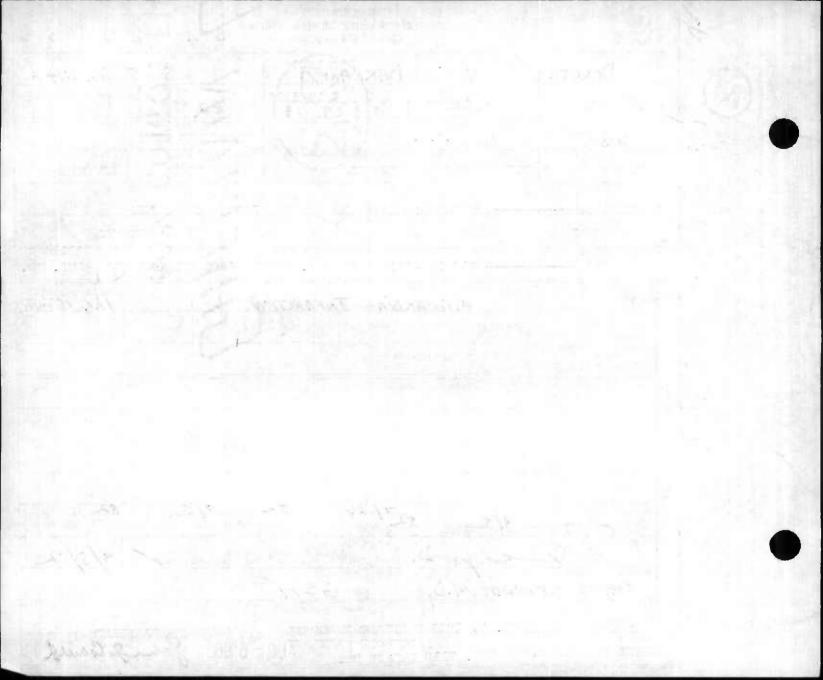
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	2	0	1	5	
	REG. NO.					

270.1 certify that (I) (this hospital) attended the deceased fram 7.26 , 19.8 , to 8.5 , 19.8 , that (I) (we)  above (Title did rid not) new the body after dooth.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 0.5	(TYPE OF DOWN !)		CERT	TIFICATE OF DEATH	REG. N	0.	•	
FEMALE    Setting and the content of		ROTHY	V V. Br	BARRANCO	2a DATE OF DEATH	_		1:14
MARKED MINEYER MARRIED  ONCREED  BALTIMORE CITY  BALTIMORE CITY  BALTIMORE  B	-		A	ONTH 8/29/11919		2 MONTH	DER I YEAR	
BALTIMORE  GOOD SAMATTAN HOSPITAL    THE OUSE WIFE   THE OUSE OF COLOR   THE OUSE OF C			CILS A MAR			_	EATH	
136 STATE   136 COUNTY   136 CITY OR TOWN   136 INTEGET ADDRESS   124 DATES   125 STATE   136 DATE   136 DAT								
THEST GEORGE MADDLE DULEY LAST    166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   21214     175 NO 80 UNKNOWN   18 YES GREW WAS DEDUCED.   216 16 4303   JOHN E. CURTIN 5408 TRAMORE AVE BALTO.   NO     18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).   PART I. DEATH WAS CAUSED BY:   MAMEDIATE CAUSE (a)   MYOCARDIA   TNFARCTION   MAMEDIATE CAUSE (a)   MYOCARDIA   TNFARCTION   MAMEDIATE CAUSE (b)   MYOCARDIA   TNFARCTION   MAMEDIATE CAUSE (b)   MYOCARDIA   TNFARCTION   MAMEDIATE CAUSE (b)   MYOCARDIA   TNFARCTION   MAMEDIATE CAUSE (a)   MYOCARDIA   TNFARCTION   MAMEDIATE CAUSE (b)   MYOCARDIA   TNFARCTION   MAMEDIATE CAUSE (c)   MYOCARDIA   MYOCARDIA   MAMEDIATE CAUSE (c)   MYOCARDIA   MYOCA	MARYLAND	URSING HOME OR OTHER INSTITUTIO	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	5408 TRAMO	RE AVE		
NO   INCOMPRING   INCOMPRISED     16   4303   JOHN E. CURTIN 5408 TRAMORE AVE BALTO. NO   INCOMPRISED   16   16   4303   JOHN E. CURTIN 5408 TRAMORE AVE BALTO. NO   INCOMPRISED   17   18   18   18   18   18   18   18	FIRSTGEC	RGE MIDDLE DU	LEY		4 4 10 0 1 0	SWEEN	EY LAST	
PART I. DEATH WAS CAUSED BY    Death of the power rise to immediate course in immediate part in item in impart in item is part in or part in item in i	(YES, NO OR UNKNOWN							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a.1 certify that (I) (this hospital) attended the deceased fram  22a.1 certify that (I) (this hospital) attended the deceased fram  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	gove rise to cause (a), st underlying ca	ny, which (b) to the mediate the purple of the use lost. (c) IGNIFICANT CONDITIONS (	DR AS A CONSEQUENCE OF	F BUT NOT RELATED TO THE TERM		20b. IF YES, WEF	RE FINDIN	
	프				YES NOT		CHOSES	OF DEATH?
	OR CONTRIBUTING (IF EITHER NOTIFY)  21d INJURY OCC  WHILE AT AT  22a.1 certify that  22b. SIGNATURE	CAUSE OF DEATH EDICAL EXAMINER)  URRED  WHILE  WORK  (1) (this hospital) attended to  I did not your the bod  NAME   TYPE OR PRINT!	A.M. MONTH DAY YEA P.M. 1: OF INJURY TREET FACTORY, OFFICE, FARM, ETC.) The deceased from TOTAL CONTROL OF THE PROPERTY OF T	211. LOCATION STREET  211. LOCATION STREET  A grand that in (my) (aur) opinion of the desired control of the desir	CITY OR TO	YES	OUNTY , the fram the co	OF DEATH? NO STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)



1	2
1	1 - STATE REGISTRAR
	I. DECEASED NAM (TYPE OR PRINT)
	Fem
	BURTHPLACE (S
d	BALTI
-	USUAL RESIDENCE 130. STATE MARYLAN
	FATHER'S NAMI
7	60 WAS DECEASE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

43	2	0	ě	6	a
6	he	U	1	O	U
REG I	NO				

	ECEASED NAME FIRST		MIDDLE	l	AST		20 DATE OF DEATH		DAY	YEAR	2b. HOL	JR
(Tye	5HIR	RLEE	B.	B	ART		母者	80	16	82	7	PM
3.56	X	4. RACE	,	5 DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)		ERIYEAR	IF UNDER	
	Female	Cau	Casion	04	15	24	58	YRS	MONTHS	DAYS	HOURS	MIN
70	SPITHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED []	9 BALTIMORE CITY			ATH		
5	MARYLAND	US		WIDOWE	D D	IVORCED [	BALTI		EC	ITY		MD.
	BALTIMORE		HOSPITAL, NURSING THE FACILITY, GIVE STREET A WAI		OR OTHER INS	L	(TYPE OF WORK FOR MOSE)	T OF WORKING	LIFE) 12b. INC A	KIND O DUSTRY THO	F BUSIN	ESS OR
130. 1		BALTO.	BALTIMO	V	13d. INSIDE (		7709 PAR	Š HTS.	. AVE	. 2	21208	8
V. F	ATHER'S NAME JOSEPH	$^{ ext{MIDDLE}}$ $\mathbf{I}$ .	BELL	JUS	15. MOTHER	S MAIDEN NA/ ANNA	E.		ROS	ENFÈ	LD	
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)   I IF YES, G	RMED FORCES?	166 SOCIAL SECU		17 INFORM		RED M. BAR			100	100	0
	NO		218-12-7	266	7709	PARK E	HTS. AVE.	BALI	го.,			
	1627	SED BY: ATE CAUSE (a)	R AS A CONSEQUE	O CI		mta o	F THE LO	ING		APPROXI BETWEEN C	MATE INTE	DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT	( Ic)	PNEU  R AS A CONSEQUE  SEPS	NCE OF		O TO THE TERM	UNAL DISEASE OF CO	ONDITION	SIVEN IN	PART No	7.1	
CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH				200 AUTOPSY?	20b. IF \	YES, WER	E FINDIN	IGS USE	TH?
1	21a. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW It	NJURY OCCURE	RED (ENTER NATURE OF IT	UURY IN ITEM 1		PART 2)		
	OR CONTRIBUTING CAUSE OF D	LAIN		Y YEAR								
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			21f LOCATI	ОИ	CITY OR	TOWN	COI	UNTY	S	TATE
	220.1 certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did)	n 08-1	19 8			, 19 <b>82</b> ) (our) opinian (	, toOY death occurred on the	- 16 date and h	_, ,,		that (1) (	
	22b. SIGNATURE	er & L	Bauni	~	DEGREE	ATTENDING PHYSICIAN		TAFF SICIAN 🏝		8-16		
	226. PHYSICIAN'S NAME (TYPE		2.0000	_	22e ADDRE		11 - 0 0	- 10 ·				
	Douglas	5 E. E	BARNE				HOSPI	IAI				
L	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	AUG.18	3,1982		EMETERY OR	)		IMORE	COUNT	MAR	YLA	ATE VID
24 F	FUNERAL DIRECTOR SOL	LEVINSON	& BROS.	TNC		25a DATI	E REC'D. BY REGISTR.	AK 256. REG	ISTRAR'S	SIGNAT	URE	12

DHMH - 16 50M 1/76 (VR A 15 (4) )

TO FUNERAL DIRECTOR.

MPORTANT, # Hem 21 is should be detached for with the State Dept. of

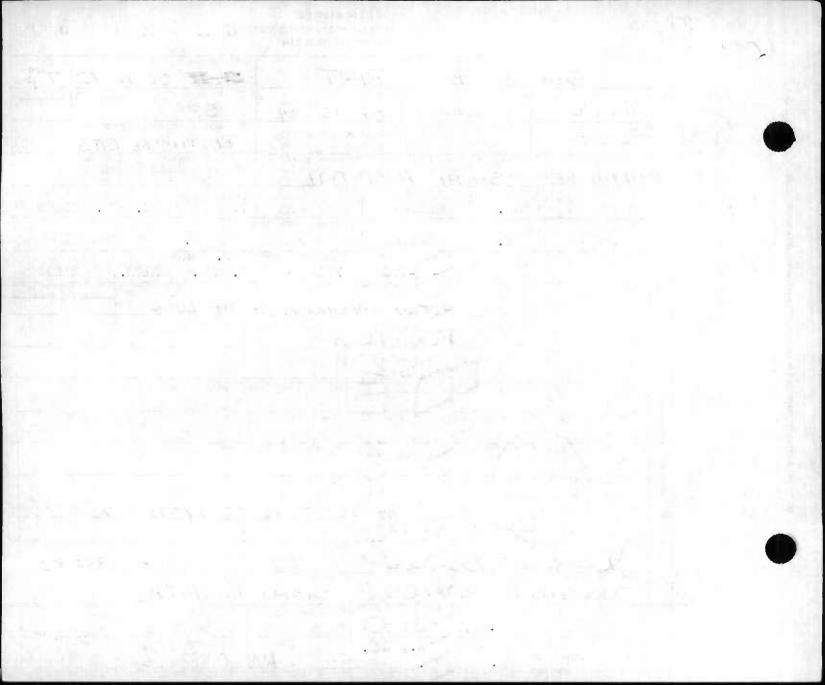
6010 REISTERSTOWN RD.

BALTO. . MD

21215

AUG 2 0 1982

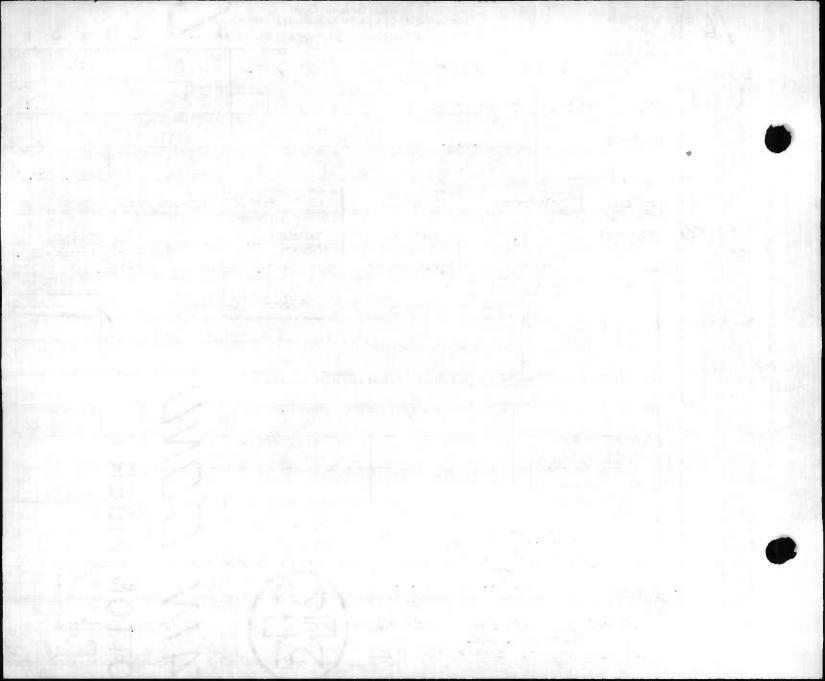
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DHMH - 17 (VR A15 ME (5))

20M 4/B2

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		FOR			DEPAR	TMENT OF	HEALTH	I AND MEN	<b>NTAL H</b>	IYGIEN	E		0 0	à	1	
П		STATE REGISTRAR		N	AEDICAL	EXAMIN	ER'S	CERTIFICA	ATE O	F DEA	PH 4	PEG NO	~ U	1	0	
1	-	CEASED NAME	FIRST		MIDDLE			LAST		- 1	2n DATE KI	JOWN F	MONTH	DAY	YEAR	2b. HOUR
1		E OR PRINT)	ROBE	DT	VINCE	vim.		BARTO	\1 C	D	20. DATE KI OF	ESTI- XX	_			10.1100K
-				KI	ATMCE				V , 5	и.	DEATH A	AATED	-	1019		М
	1. SEX	4	RACE	5. DATE OF BIR	TH AY YEAR	6. AGE (IN YE.			UNDER		2c. DATE	ED.	MONTH	DAY	YEAR	2d HOUR
	Ma	ale	White	7 25			RS.	HS DAYS	HOURS	MIN	DEAD	ED	8	1019	82	2:P_M
		RTHPLACE (STAT		76 CITIZEN OF			12				9 BALTIMO	RE CITY O				///
		REIGN COUNTRY)						IED 🔀 NEVE		IED 🔲	_	_	_			
1		aryland			S.A.		WIDOV		DIVORC			ltimo		ity		MD.
7/	10. C11	TY OR TOWN O	FDEATH			URSING HOME	E, OR OTH	IER INSTITUTIO	NC		AL OCCUPA		OF WORK	12b KIND OR IN	OF BUS	
		Baltime	ore			City H	lospi	tal		1	Forem			Beth		
		L RESIDENCE (IF	IN NURSING HE O	R OTHER INSTITUTION						1				DELII	- 51	Lee I
4	13a. S1		THE COUNT			TY OR TOWN		134. INSIDE CITY			ET ADDRES		-			
	-	aryland	Balt	imore	i	Dundalk		YES .	NO 🔀		3 Dunm	ere R	oad			
53	4 FA	THER'S NAME		WIDDLE		LAST		15. MOTHER	SMAIDE	EN NAME	MID	DIF		LAST		
0	C	lifford		S.	1	Barton		Mar	ion		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Pol1		
8			EVER IN U.S. ARA			OCIAL SECURIT	Y NO.	17 INFORMA				ADDRESS	1020			Da
4		ES, NO, OR UNKNOW	, , , , , , , , , , , , , , , , , , , ,	WAR OR DATES)												
	Ye	S	[ WW	/ II	219	9-18-79	52	Dorot	hy M	. Ba	rton		Balto			1222
-		18 CAUSE OF	DEATH (Enter onl	y one couse per	line for (o),	(b), ond (c).)								APPRO BETWEEN	NONSET	AND DEATH
		PARTIDEA	TH WAS CAUSED		Arter'	iosclero	otic	cardio	vasci	ular	disea	se				
		. 42	9 ZMMEDIAI	E CHOOL (O)		ONSEQUENCE										
		Conditions	if ony, which	1 332.3,										100		
		gave rise	to immediate	(b)										-		
	5	couse (o) st lying couse	toting the under-	DUE TO,	OR AS A CO	ONSEQUENCE (	OF									
		ly mg coose	1031.	(c)												
		PART 2 OTHER SIGN	FICANT CONDITIONS	ONTRIBUTING TO DE	ATH BUT NOT RE	LATED TO THE TERM	AINAL DISEAS	E OR CONDITION G	IVEN IN PAI	RT 1 · e						
	Z				_											
Án.	MEDICAL CERTIFICATION	19a DATE OF C	PERATION	1101- CO1	UDITION SO	R WHICH OPER	A TIONI VA	/A C BEDEODAN	ED3					2D. AUT	OBCV2	
2	S.	174 DATE OF C	TERATION .	196. CON	NDITION FO	K WHICH OFER	KATION W	AS FERFORM	ED:					ZD. AUT	OPST?	
-	TIE		an har in											YES		NO CV
9	CER	21a. EXTERNAL			OF INJURY	H DAY YEAR	21t. H	OW INJURY O	CCURRE	D (ENTERN	ATURE OF INJUR	Y IN ITEM 18 P	ART I OR PAR	T 2)		~~~
2	¥	UNDERLYING	☐ OR G☐ CAUSE OF D		P.M.	I DAT TEAT	`									
	DIC	21d INJURY OC			CE OF INJUI		211. LC	CATION								
	ME	WHILE	NOT WHILE	STREET,	FACTORY, FARM	, ETC.)		STREET			CITY OR TOWN	4	COU	NTY		STATE
		AT WORK	AT WORK	,									3.50			
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		deoth resulted	Irom: Nettur	ol couses XX	Accider	it LJ, Su	iicide L	, Homicid		Undete	ermined mon	ner,				
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	73e BI		ON, REMOVAL 2	3b DATE	1994	NAME OF CE	METERY		Y	[23d] LO	CATION					
	(5)	PECIFY)							-4	CITY	OR TOWN		COUN		STA	ATE
	24 51	Buri UNERAL DIRECTO		8/14/8		Parkwood	d Cen		a DATE	DEC'D BY	Bal REGISTRAR	timor	e, Ma	ryla	nd	
	24. 1	NAME	Duda-r	Ruck, In				23	2 ALC	REC D. BY		7	OIKAK 5 51	MATUR		-
		7922 Wi	se Avenu	e, Dund	alk, N	4D 2122	22		AUG	12	1982	126	my.	- low	al	



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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME AA IDDI B 2a DATE OF DEATH YEAR JAROL D (TYPE OR PRINT) 3. SEX 5. DATE OF BIRTH AUCASIAN ALE JAN. 26, 1916 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED BALTIMORE CITY USA MARYLAND WIDOWED DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NOTIONS SALESMAN SINAI HOSPITAL BALTIMORE 3g. STATE 13d. INSIDE CITY LIMITS? 1136 COUNTY 36 CITY OR TOWN 3112 BANCROFT RD., APT. D 21215 BALTIMORE MARYLAND 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE UNKNOWN BARTZ REBA ISAAC 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT MRS. SHIRLEADBARTZ (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-07-1764 3112 BANCROFT RD., APT. D BALTO., MD 21215 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive on\_ 22, and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death DEGREE ATTENDING MEDICAL

AUG. 17, 1982

DIRECTOR

MDATE

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTORES, MD 2

AUG 20 1982 Seling General Color

BALTO.

DHMH - 16 50M 1/81 (VRA 15, 4)

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-/				STATE OF MARYLAND		As the second
1	1 -	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 2	20163
th th		CEASED NAME FIRST	Girl Katia L.	Battle	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR LSS AND
moy	3. SE		RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
9ge, 4		Female	Black	7 28 42	17 days YR	s.
4 1 0		OUNTRY	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	/ 1/
r deo	10. CI	TY OR TOWN OF DEATH		WIDOWED DIVORCED   G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
s ofte		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET,	1 . 1	(TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY U
t hour	13a. S	TATE NO COUNT	GIVE RESIDENCE BEFORE	ADMISSION) N 13d INSIDE PITY LIMITS		0.04
hin 24 h	14. FA	Md 1 3	alt. Boltin	YES NO 1	NAME 3028 W. Edmo	1Son AVE
and 2	3		Battle	Wanda	MIDDLE HAM	Tow Bottle
Pages		VAS DECEASED EVER IN U.S. ARM	WAR OR DATES)	9-1	ADDRESS	-1 1 1
0 000		No	None		DATTLE 3028 E	approximate interval
ficate physici paper neval.		PART I. DEATH WAS CAUSED	one cause per line for (0), (b), and BY:	almonn a	mest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding I		7775 IMMEDIATE	DUE TO, OR AS A CONSEQUE	//		
deotl ove c otion, roums	1	Canditians, if any, which gave rise to immediate	(b)			
by the se rem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		- 1 ST 1 ST 1
ined b pleos puriol, y, or o		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO 1	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART Ita
en sig en sig en sig en to k	NOI					VFC
n. nos been permit. I ne prior we ony ii	CERTIFICATION	190. DATE OF OPERATION	Necrotizas E	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{VES} \) \( \text{NO} \) \( \text{T} \)
Ne The roote h roote h Hygier Hygier 18 sho	CERTI	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	
SICIAN ng phy certific certific entol transfer lifem 1		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	H	YEAR 1982		
G PHYS otherdin ser this c s the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING or of After se os t so oith o morke		27 of certify that (1) (this haspite	al) attended the deceased from		2 to 8//3	19 12 , that (I) (we) last
TTEN pital CTOR for up of He		saw the deceased plive an abave, (1) (we) (did) (did nat	Aux 13 19	and that in (my) (aur) apin	ian death accurred an the date and	
OR A DIREC DIREC Dept.		276. SIGNATURE	0 -	DEGREE ATTENDING	G MEDICAL STAFF	27c. DATE SIGNED
Al Al Al		72d. PHYSICIAN'S NAME LIVE OR	PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN (1)	8/10/04
TO HOSPITA retained by TO FUNER should be d with the Sta		Donath, Bula	s mo	Un. V 08 n	nd Hose	
O € D € 3 ₹	23a. 8	BURIAL CREMATION, REMOVAL	23h DATE / _ (7) 23y	TAME OF CEMETERY OR CREMATO		COUNTY DE SITE
(BP	24.5	Pured Directory ()	0 16 8d L	rouses 111em.	DATE REC'D. BY REGISTRAR 256 (E)	ISTRAR'S SIGNATURE
DHMH - 16 50M 1/81 (VRA 15, 4)	5	LAROK X. KM	ed azazmin	merth leve,	AUG 20 1982 >	lu to labely

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STATE OF MARYLAND

White

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2h HOUR

7:30

- STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

Female

MIDDLE LEONA

4. RACE

Baltimore

MIDDLE

**BAUER** 5. DATE OF BIRTH

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YEAR 1917

6. AGE (IN YEARS LAST BIRTHDAY)

AUGUST 13, 1982

IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH

TE BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY Pennsylvania U.S.A.

MARRIED NEVER MARRIED WIDOWED

24

Baltimore City 12g USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Housewife

12b. KIND OF BUSINESS OR

MY CITY OR TOWN OF DEATH Baltimore

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Hospital Corporation WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY 131. CITY OR TOWN

13d. INSIDE CITY LIMITS? NOXX

13e STREET ADDRESS 1900 Wills Court

14. FATHER'S NAME Herbert

(YES, NO OR UNKNOWN)

Maryland

LAST White 16h SOCIAL SECURITY NO

Dundalk

FIRST Ada 17 INFORMANT

Buckley

ADDRE 639 Carroll Island Rd.

No

CERTIFICATION

MEDICAL

I (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).

212-01-9219

Louis F. Bauer, Jr.

15. MOTHER'S MAIDEN NAME

Baltimore, MD 21220 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate

couse (o), stoting the

underlying couse

190 DATE OF OPERATION

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

CARCINOMA OF THE LEFT BREAST WITH BONE IMMEDIATE CAUSE (o

DUE TO, OR AS A CONSEQUENCE OF

**METASTASIS** 

87

ATTENDING

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NOIX 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F

82

71m, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

21f. LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

STAFF DIRECTOR PHYSICIAN

AUGUST

COUNTY STATE

220.1 certify that (1) this haspital) attended the deceased from so the deceased glive on AUGUST 13

and that in (my four opinion death occurred on the date and hour and from the dauses stated DEGREE

MEDICAL

YATELLI, M.D.

CHURCH HOSPITAL CORPORATION

100 NORTH BROADWAY, BALTIMORE, MD

23a BURIAL, CREMATION, REMOVAL Burial

8/16/82

23b. DATE

Meadowridge Mem. Park

Dorsey, Howard, Maryland 25a DATE REC'D. BY REGISTRAR 256 GISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD

21222

23c NAME OF CEMETERY OR CREMATORY

traum other ā 0 prior 00 buriol-tronsit perr per sh Item 18 ō the band morked should be detached with the State Dept.

DHMH - 16 50M 1/81 (VRA 15, 4)

AND THE WAR SELECT FOUR TO PERCENT THE PERCENT OF T

event, the medical exa

-				STATE OF MARYLAND		
		FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 1 6 5
2	1. DEC	CEASED NAMEDOrothy	MIDDLE	Bauernshub	20. DATE OF DEATH MONTH DATE	145
	0.000	DOROTHY	L. L	Jauern Shub	August 2 192	6 - Am
	3. SE)		Vaucasian	5. DATO 2 BIR 05 - 13 YEAR		UNDER I YEAR IF UNDER 24 HRS
	70 BI	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	02 05 13	YRS YRS	
7	70. 61	Coundy. C.	II S A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BO 1 + 5 mome	
í			11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ADD	HOME OR OTHER INSTITUTION	Baltimore  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	124 VINID OF BUSINESS OF
L	]	Baltimore		ty Hospital		Laundry Co.
1	130 S	STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	OMISSION) 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	2010121012 )
2		Md \	- Baltim		614 N. I	Lakewood Ave
	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	WE	LAST
4		Arthur	Seipp	Mamie	7.1100 %	Kennedy
/		VAS DECEASED EVER IN U.S. AR/ YES_NO OR UNKNOWN) (IF YES, GIVE	IZZTACI SCI SAW S		ernshub (husbar	same
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI	ly one cause per line far (a), (b), and (c			BETWEEN ONSET AND DEATH
		4275	DUE TO, OR AS A CONSEQUENCE	1 1 1 10		25 days
		Conditions, if any, which gave rise to immediate	(b) Cardispu	Themary allune		1
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE			26 days
	NO	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to de</u> a	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART No
7	CERTIFICATION	198. DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH? NO
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	-	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 1B PART	I OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE  ALL WORK  ALL WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

Russel Baltimore MD 21217 230 BURIAL, CREMATION, REMOVAL (SPECIE Burial 23b. DATE 8/5/82 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore Parkwood Schimunek Funeral Home, Inc. Brehms Lane, Balto. Md. 21213

DEGREE

ATTENDING PHYSICIAN

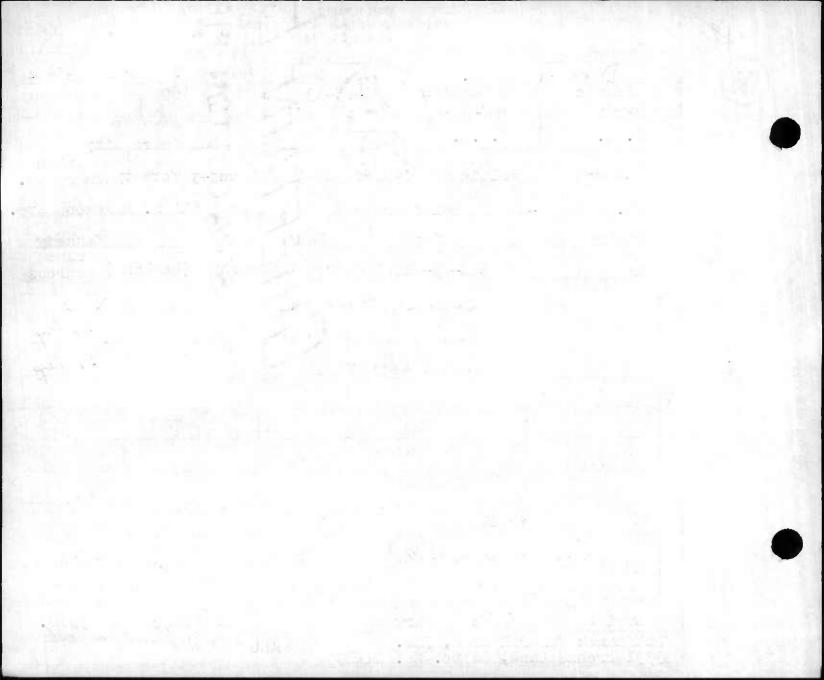
MEDICAL STAFF

(we) lost

22c. DATE SJGNED

270.1 certify that (1) (this haspital) attended the deceased from sow the deceased glive an 32232

sow the deceased glive an abave, (1) (we (did) did not) view the body after death



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STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CEK	ITFICATE OF DEATH	REG	NO.			
I. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH	HTMOM	DAY YI	EAR	2b HOUR
	EORGE V	l. BE	ARD		8	11 8	2	4:20PM
3. SEX	4 RACE	5. DA	TE OF BIRTH	6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I		IF UNDER 24 HRS
Male	White		- 30- 1897	85	YRS		DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CIT	OR COUN	TY OF DEA	TH	
BIRTHPLACE (STATE OR FO	U.S.A		WED DIVORCED		RE CIT	ΓY		MD.
10 CITY OR TOWN OF DEAT		HOSPITAL, NURSING HON	NE OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	12b. K	IND OF	F BUSINESS OR
BALTIMORE		MEMORIAL HO		Contr	actor	Bu	ild	ling
	G HOM OR OTHER INSTITUTION 36. COUNTY  TROLL	13c. CITY OR TOWN Westminste	113d INSIDE CITY LIMITS?			dge D	riv	re
14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN N	NAME			LAST	A7
John		ard	Margare		-	reyma		
160 WAS DECEASED EVER IT		166 SOCIAL SECURITY NO		ADI	DRESS			
(YEY NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)	217-05-377	5 Sterling Be	eard West	minst		d.	
18 CAUSE OF DEATH PART I. DEATH WA	(Enter anly ane cause per	line for (a), (b), and (c).)	1 /			BET	PPROXIA	MATE INTERVAL
	MMEDIATE CAUSE (a)	Cardiac	Hrrest					
2300	DUE TO, O	R AS A CONSEQUENCE O	F					
Conditions, if any,		Atherosc	Cerotic CV	disease		M	ani	y years
gave rise to imme	the DUE TO. O	R AS A CONSEQUENCE O	F					,
underlying cause	lost.	Diabete				m	any	years
PART 2. OTHER SIGNI			BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ONDITION	GIVEN IN PA	RT 11a	
WED TO THE	wound		on					Contract of
S 190 DATE OF OPERATI		ITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?		YES, WERE F		
7-23-	Ca	ngrene of	(L) 8002	YES NO	- /	YES 🗌		NO 🗌
210. ACCIDENT WAS UNDE		OF INTURY M. MONTH DAY YE.	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF I	JURY IN ITEM 1	B PARTIORPA	RT 2)	
(IF EITHER NOTIFY MEDICA	LEXAMINER) P.	M. 1	9					
21d INJURY OCCURRE	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.	21f LOCATION STREET	CITY OF	NWOT	COUN	iTY	STATE
AT WORK NOT WHILE								
	his haspital) attended the		30 , 19 8	2 , to 8-	//	. 19_8	,	hat (I) (we) lost
saw the deceased obave, (1) (we) (di	alive on		; and that in (my) (aur) opinio	on death occurred an the	date and h	aur and from	m the c	auses stated
276 SIGNATURE	. 0		DEGREE			22c. l	DATES	SIGNED
Olebor	altro	500	M D ATTENDING		SICIAN	_   8	8-1	1-85
27d. PHYSICIAN'S NA	AE (TYPE OR PRINT)		22e ADDRESS			, ,		•
Debor	ah Thor	n Pson	Union	Memori	al	4405	Di	<del>/a</del> /
23a BURIAL, CREMATION, R	MOVAL 236 DATE		F CEMETERY OR CREMATOR			60111		
Buria	1 8-14	1-82 Deer	Park	Westmin	ster	Carro	11	Md STATE
24 FUNERAL DIRECTOR	7 77	THEODRE A.	25c D	ALE REC'D BY DESIGNET	AN SUCCE	ISTRASS	shi	della
Pritts Fu	neral Home	westmins	ter, Md.	10 1 0 190L		0		

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital ar attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 21 with the State Dept. of Health and Mental Hygigne prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical arms.

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## STATE OF MARYLAND

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	1 -	STATE REGISTRAR	. D		ICATE OF DEATH	0 1	6 /			
		CEASED NAME FIRST GOOD FRINTS	MIDDLE	Be (	AST	20 DATE OF DEATH	8-27	YEAR - 82	705 AM	
	3. SEX	Temale	Black	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
5	M	RTHPLACE (STATE OR FOREIGN aryland	U.S.A.	MARRIE		Day or more				
ś	B	alto.	(IF SO IN SUCH EACHLING	Spital	OR OTHER INSTITUTION	IN USUAL OCCUPATION OF THE WEST	ON IT	2b. KIND OF NDUSTRY	BUSINESS OR	
5	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP Md .	NTY Bald	OR TOWN	138 INSIDE CITY LIMITS?	13e STRIABORASA	ywood	Ave.		
1	14 FA	William	MIDDLE Barnes	LAST	Pearl	MID & h	eridan	L LAST		
	16a V	VAS DECEASED EVER IN U.S. AR XES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCI.	AL SECURITY NO.	Sylvia	Bell 381	5 Hayw	ood I	Ave.	
	N	Canditions, if ony, which gove rise to immediate couse (a.), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CO	anoxic e insequence of inc arres	t an 8-6, resu		DITION GIVEN II	N PART 11a		
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES			
,	MEDICAL CER	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	19	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)		
	MED	21d, INJURY OCCURRED  WHILE OCCURRED  AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY		211 LOCATION STREET	CITY OR TO	VN (	COUNTY	STATE	
		27a. I certify that (I) (this haspi saw the deceased olive on abave, (I) (we) (did) (did na 27b. SIGNATURE	8 - 26	19 <u>82</u> ar	19 82  nd that in (aur) opinion d  DEGREE		ite and haur and			
,		Brie M 22d. PHYSICIAN'S NAME (TYPE O	Pulberi, mp	)	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		8-27	7-82	
			alkerin		320-H Lineste		ve, Cocke	ysville	, Md	
	230 B	URIAL CREMATION, REMOVAL UTIL a 1	9/3/82	Mt. Zi	emetery or crematory on Cem.	Barbiton,	A.A. A	ld.	STATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physic should be detached for use as the buriol-transit permit. Then please remove carbompape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal.

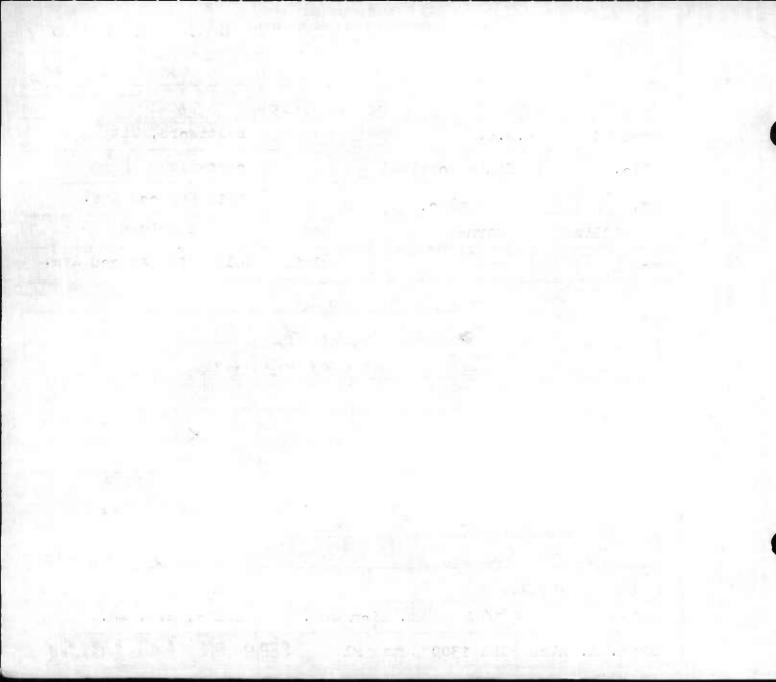
TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR A. Rice FSPA 1300 Eutaw Pl Barreton, A.A. Ad.

STATE

SEP 9 1982 Same Scanner



	FOR	DEPART		E OF MARYLAND · IEALTH AND MENTAL HYG	IENE (3 ")	0	0 1	6 0
1	- STATE REGISTRAR	VLI ANII		ICATE OF DEATH	REG. N	fun 10.	0 1	0 0
	PE OR PRINT)	MIDDLE	6	BELL	DATE OF DEATH	8 19	82	26 HOUR 4-17p
1 58	Male	4 RACE Black	5. DATE O		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
Ec	BIRTHPLACE (STATE OR FOREIGN  GOUNTEY)  MENTON, NC	76 CITIZEN OF WHAT COUNTRY?	MARRIE		9 BALTIMORE CITY C	ro el		
	CITY OR TOWN OF DEATH  1391 TO	11. NAME OF HOSPITAL, NURSIN (IFNOT IN SUCH FACILITY, GIVE STREET TROVIDED HOSPITAL)	ADDRESS)	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O RETIRED		12b. KIND O INDUSTRY	F BUSINESS O
13a.	MD 13b. COU	NTY 136 CITY OF TOW Baltimo	/N		13e STREET ADDRESS 201 Broad	dway		
	Robert	Be <sup>11</sup>		Ruth	MIDDLE		Sin	ipson
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)  16b SOCIAL SECUL  WE WAR OR DATES)		Martha Mille	r 1816 Rig		nue	
	Canditions, if any, which gave rise to immediate cause iol, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE		NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 110	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDING CAUSES	OF DEATH?
- 2								
	2)0. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	NO []
MEDICAL CE	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	19	216 HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
	OR CONTRIBUTING CAUSE OF DE CONTRIBUTING NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOTIFY AT WORK AT WORK AT WORK AT WORK  220.1 certify that (I) (this hosp sow the deceased after at work a	HOUR A.M. MONTH D. P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	19 ARM, ETC ) 20   19 2   ar	211 LOCATION	CITY OR TO	ate and hour ar	COUNTY	STATE hat (I) (we) lo

DHMH - 16 50M 1/B1 (VRA 15, 4)

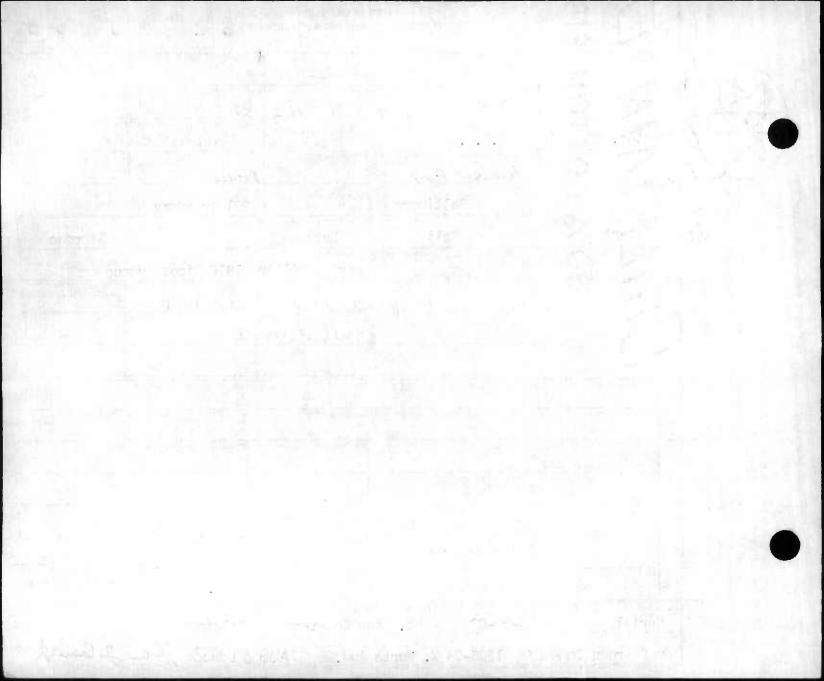
OR ATTENDING PHYSICIAN: The law

24 FUNERAL DIRECTOR Wm Carbrown Comm F/H 1206-08 W. North Ave.

Pry Baltimore MD

250 DATE REC'D. BY REGISTRAR 256 GISTRAR'S SIGNAPURE

AUG 3 1 1982 John & Cahnelle



				KLO. NO.	
	. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2.5	EVELY	N EVELINA	BENNETT	8	2 82 3.55pm
	3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI
( MAR)	Female	Black	Sept. 5 3 9	42 YRS	MONTHS DAYS HOURS MI
A RVIDE	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	0	9 BALTIMORE CITY OR COUNT	Y OF DEATH
AL LEX	COUNTRY)		MARRIED X NEVER MARRIED		
	Fla.	USA	WIDOWED   DIVORCED	Baltimore	126. KIND OF BUSINESS (
11 W		(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING L	
12 CM	Balto.	2954 Mosher Ct.			
P 201	USUAL RESIDENCE (IF NURSING HOME ( 13a STATE   13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JNTY 136. CITY OR TOW		13e STREET ADDRESS	
# 1 CPU	Md.	Balto.	YES NO	2954 Mosher Ct.	
\$2 A	4 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		
D 9/	Herman	Sloan	Juanita	MIDDLE	Kellv
D - Committee of the co	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS	Norty
6 p	(YES, NO OR UNKNOWN) (IF YES, GI	277-45-5	154 Hasanh Manns	2707 Wichita Aug	
8 4 4				2303 Wichita Ave	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
hysic oop ovol	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and SED BY.	16 1 1 1	-0	BETWEEN ONSET AND DEAT
oon boom	MIMEDIA	ATE CAUSE (0) ME on	15 121141 12111		TXD
ork , or	2820	DUE TO, OR AS A CONSEQUE	NC OF		C
otte ove stion	Conditions, if ony, which	( (b) 1780	rension		2×12
the remo	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
by sose of, cr	underlying cause last.	(c)			
n ple burie		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GE	VEN IN PART 110
The inju	2 1-tyali	el freculos	15		
prio prio	NO DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
on pos	Ě				ES NO
ysici cate onsi Hygi 8 sh	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21 CHOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
A 부분들 E	OR CONTRIBUTING CAUSE OF D		AY YEAR		
iding its cer burid Meni	(IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	·····	
the the ed o		(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
Affe os lith o			A 78	Olo &	82
OR: J		oital attended the deceased from_	CZ 19_10		19, that (1) (we) 1
CTC CTC of for n 21		not view the body ofter death.	2, and that in (my) (our) opinion	death accurred on the date and no	
Chec chec Dept	22b. SIGRADORE	7 1) []	DEGREE	CTAFF.	22c. DATE SIGNED
AL I deto ote [	/ why	Some	MD ATTENDING PHYSICIAN	MEDICAL STAFF	8362
TANER J	22d PHYSICIAN'S NAME HTT	OR MINITO	22e APTORESS	0+11	
FUN FUN buld b h the ORT	(raiv 15	(10 10	Kaltimo	1e (-ty 1+056	1211R

23b. DATE

LEROY O. DYETT 4600 LIBERTY HGTS. AVE.

FOR - STATE

REGISTRAR

230. BURIAL, CREMATION, REMOVAL

Burial

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/76 (VR A 15 (4))

23c NAME OF CEMETERY OR CREMATORY Family lot

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Day tona Beach, FORTY.

STATE

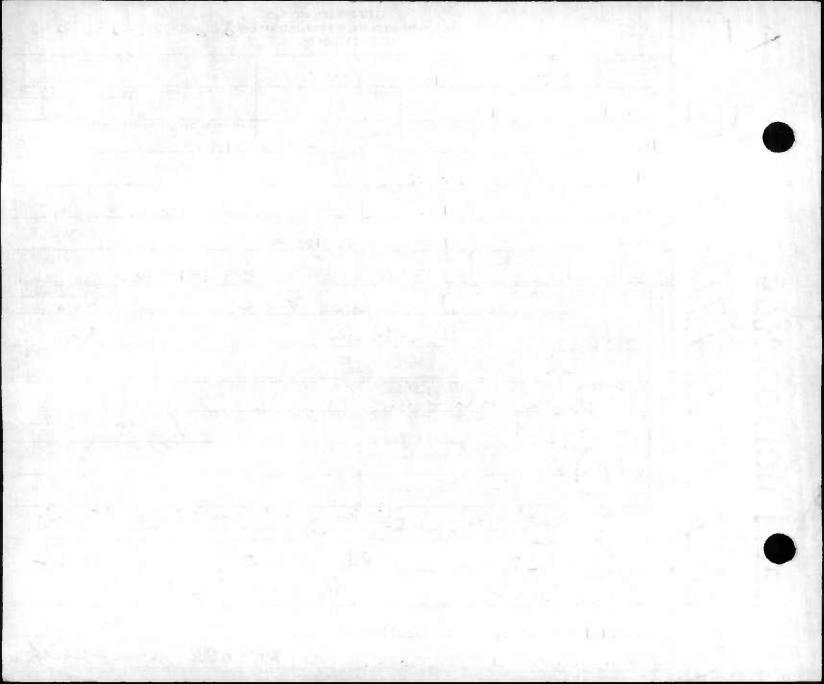
12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3 . 55nm M

AUG - 61982

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE



4 may be

executed within 24 hours ofter

completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and c should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is morked or typen 18 shows ony injury, or other troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etoined by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	DE		EALTH AND MENTAL HYG	REG. NO.	0170		
41	1. DECEASED NAME FIRST (TYPE OR PRINT)	HELEN MAR	T	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR August 13th 1962 9:37 Am				
)	Female Female	4. RACE White	S. DATE C		6. AGE (IN YEARS PAST BIRTHDAY) 76	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Land	76 CITIZEN OF WHAT COU	JNTRY? 8. MARRIE WIDOWE	D NEVER MARRIED DED X DIVORCED	9 BALTIMORE CITY OR COUNTY  BALTIMORE CI			
1	D. CITY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV UNI	VE STREET ADDRESS)	DROTHER INSTITUTION  IAL HOSPITAL	12g. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF  Housewife	12b. KIND OF BUSINESS OR INDUSTRY		
3	POSUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COL Maryland	JNTY 13c. CITY C		13d. INSIDE CITY LIMITS? YES X NO [	13e. STREET ADDRESS 3812 Falls Road			
0	14 FATHER'S NAME FIRST John E. F		AST	15 MOTHER'S MAIDEN NAME FIRST BESSION	e Wright	LAS1		
	16a WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	20 3541	Margaret H.	ADDRESS	venue Balto.		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	NSEQUENCE OF	TTMAL BLE	Z-D1009	30 minute		
		CONDITIONS CONTRIBUTION METASTA	ATTC T		INAL DISEASE OR CONDITION GIV. 2URAL EFUSII			
1	HSPIRATION 190. DATE OF OPERATION  NOW 210. ACCIDENT WAS UNDERLYING	/ 196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NO YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO }		
5	OR CONTRIBUTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED  WHILE NOT WHILE		19	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)  COUNTY STATE		
	220. I certify that (I) this hasp sow the deceased alive a above, (I) two (did) (did in The Sign Auri	ontol) attended the deceased in 13 in 13 in 13 in 15 i	_19 <u>82 /</u> , or	nd that in (m) (our) opinion of DEGREE  ATTENDING PHYSICIAN	death occurred on the date and hour	1982, that (howe lost rand from the couses stated  22c. DATE SIGNED		
1	22d. PHYSICIAN'S NAME (TYPE  DAVID LEIC	HTLING, M.D.	+	22e ADDRESS	MEMORIAL HOSPITAL			
	230 BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	8/16/82	The same of the	emetery or crematory	23d. LOCATION CITY OR TOWN  Glen Burnie	COUNTY STATE		

STATE OF MARYLAND

DHMH-16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Rd.

Glen Haven Cemetery Glen Burnie,
25 Pare Rec'd by Registrar 200 les Rd. 21211 AUG 18 1982

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	ey 1, 1905	- J. j.	Female
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Lara 3725 Mlm Arango 2 1to.	. I design the set !.	216	0.1
Ulm sprais, largland	Clon Haven Geneterv	7 / 1/	La 'co

un co unerel lome 3031 elle m. 21211

# -ithin 24 hazar after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN, The law retained by the hospital or attending physician

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and campletely followed the detached for use as the busidesteament permit. Then please remove carbonappers, Pages 1 and 2 shows the State Dept. of Health and Mental Hygiene prior to busid, cremistion, or removal.

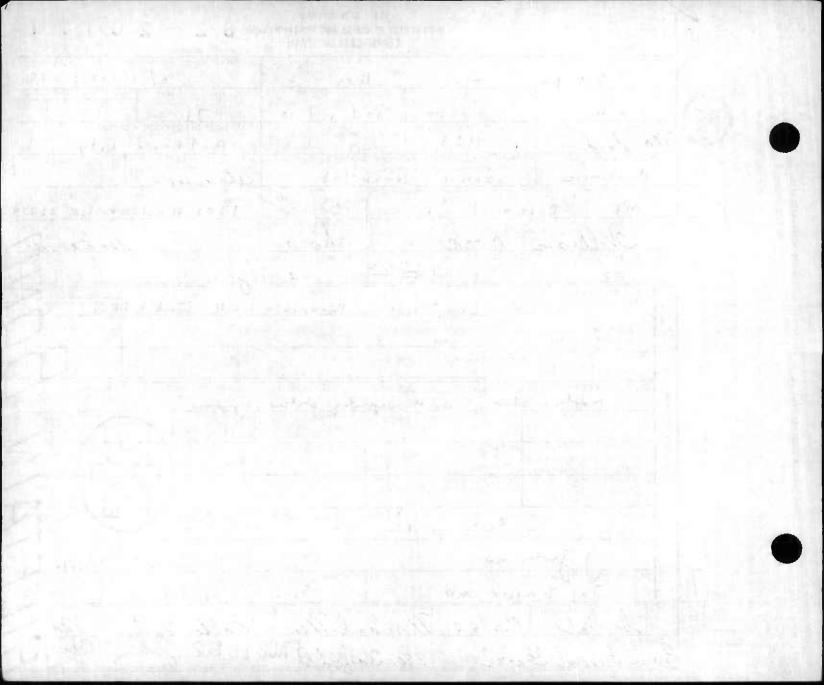
DHMH - 16 50M 1/81 (VRA 15, 4)

njury, or other troumatic event, the nedic

MPORTANT, If Nem 21 is marked or Nem 18 shows ony

STATE OF MARYLAND

1 - STATE REGISTRAR		NT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 2	201/1
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	10.1100.1
Oot of 1	h. A.	Berg	8	13182 5120AN
1, 5EX		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
famule	Caucasian	MONTH DAY YEAR	71	MONTHS DAYS HOURS MIN.
BRTHPLACE	7h CITIZEN OF WHAT COUNTRY? 8	- 4	9 BALTIMORE CITY OF CO.	UNTY OF DEATH
Marie I		MARRIED NEVER MARRIED NIDOWED DIVORCED	Baldim	v. C.1.
MI CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING		180	1112
Ballimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADD		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	INDUSTRY
	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD		a konce	
	EOROTHER INSTITUTION GIVE RESIDENCE BEFORE AD DUNTY 131. CITY OR TOWN	13d INSIDE CITY LIMITS?		11sbiro (1v 2123
IL FATHER'S NAME	A CITY	15. MOTHER'S MAIDEN N	12.013.11	1130000 (10 210)
Thillian	MIDDLE RAST	FIRST	WIDDLE	les Brans
	ARMED FORCES? 166 SOCIAL SECURIT	IYNO IT INFORMANTA	ADDRESS	MARKING THE
(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	Lan Lan	cel-	
	r anly one cause per line for (a), (b), and (c	1 100	The state of the s	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	JSED BY:	. 10		A ROS
7 42 7 CMMED	DIATE CAUSE (0) LYAM Naga		d work strain	* / (CV)
Canditians, if any, which	DUE TO, OR AS A CONSEQUENC	CE OF		
gave rise to immediate	(b)			
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	CE OF		197.2
DADE O OTHER CLONIES AV	(c)			
Z ALL	T CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RETATED TO THE TEN	RMIN AL DISEASE OR CONDITIO	N GIVEN IN PART 110
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OF	PERATONI WAS DEPENDATED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
E MEDALE OF OFERANION	78. CONDITION TOX WINCH OF	ERATION WAS PERFORMED	IN C	ERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121. HOW INTURY OCC.	YES NO	YES NO
OR CONTROL OF CHARLES		YEAR YEAR	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMI	INER) P.M.	19		
(IF EITHER, NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK				
	ospital) attended the deceased fram	6/12 19.82		, 19, that (I) (we) last
saw the deceased alive above (11) we) (did )(did	nat) view the bady after death.	ond that in (my) (aur) apinia	n death accurred on the date an	d haur and from the causes stated
22b. SIGNATURE		DEGREE		22c. DATE SIGNED
1) 1	mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/13/82
22d. PHYSICIAN'S NAME (TYP	PE OR PRINT)	22e. ADDRESS		
Jay 7	weight MD	Sina	e Hospital	
230. BURIAL, CREMATION, REMOV	AL 236 DATE 23( NAM	ME OF CEMETERY OF CREMATORY	23d LOCATION	
(SPECIFY) busines	8/16/82 Mrs	reland Iken	Bully of Town	1 COUNTY THATE
24 EUNERAL DIRECTOR	^	250AQ	ATT REC'D BY PAGISTRAR IS OF	GISMAR'S SIGNATURE
Evans Fines	Charles XX	O Day Lon DA Al	10 1 9 1902	and wany



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. director, page 3 balls ofter death

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

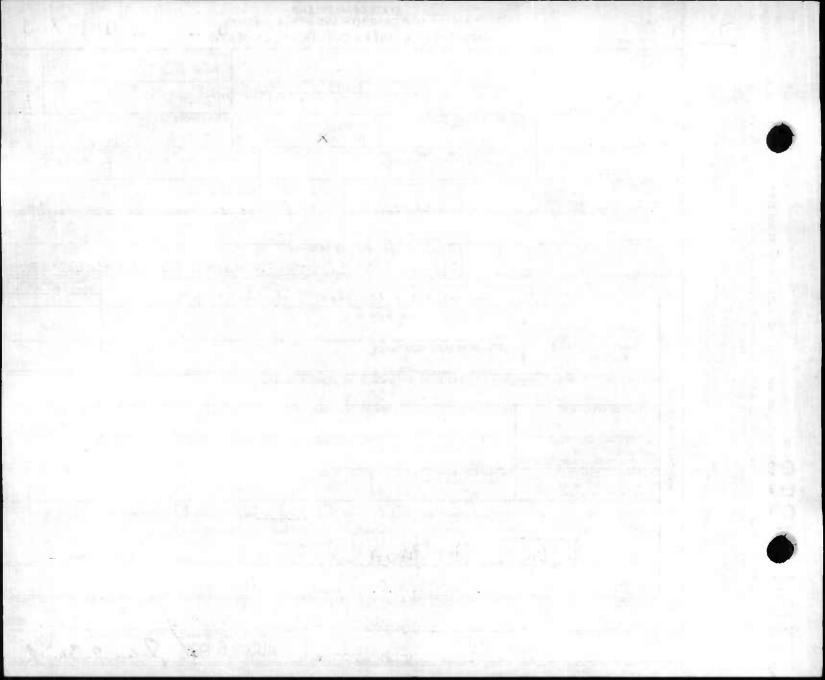
	REGISTRAR		CERTIFICATE	PERIII	REG. NO.	
(TYP	PECEASED NAME PE OR PRINT! DR. BERN		BE	RK	20. DATE OF DEATH MONT	82 YEAR 25 HOURS
3. SE	MALE	CAUCASIAN	5. DATE OF BIRTH	2 15		MONTHS DAYS HOURS MIN.
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	75. CITIZEN OF WHAT COUNTRY?  USA	MARRIED LALANEV	DIVORCED	9 BALTIMORE CITY <u>OR</u> CO BALT IMORE	
4	BALTIMORE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY GIVE STREE SINAI HOS	NG HOME OR OTHER SPITAL	NSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR DENTIST	12b. KIND OF BUSINESS O INDUSTRY DENTISTRY
13a.	JAL RESIDENCE (IF NURSING HOMOS STATE MARYLAND BAL	TO. LUTHER		PE CITY LIMITS?	130. BERLANE FAR	MS LUTHERVILLE,
			OWITZ IS MOTH	FIRS FANNI		FINE
16a	WAS DECEASED EVER IN U.S. AR	MANAPENSES 66 SOCIAL SECTION NAVY 219-38		ANE FARM	RS. LANEADRESSB: S LUTHERVIL	
CERTIFICATION	PART 2 OTHER SIGNIFICANT (	(c)			20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	V INJURY OCCURR	YES NO ED (ENTER NATURE OF INJURY IN IT	YES NO
WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f. LOC.	ATION REET	CITY OR TOWN	COUNTY STATE
	sow the decessed on on obove, (I) (ii) I do the no	tol) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	82 , and that in (	my) (our) opinion d	eath accurred on the date or	nd hour and from the causes stated
	22b. SIGNATURE	EXT MD	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	× 8/15/82
	22d. PHYS MAN MAN	ERESA TIFFE	ERT 300		iversity Play,	Apt. BI, Betts, Me
	BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	AUG.17,1982	NAME OF CEMETERY O		23d LOCATION CITY OF TOWN BALTIMOR	
24 F	FUNERAL DIRECTOR SOL I	EVINSON & BROS. IN RD. BALTO.,	, INC. MD 21215		REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remoyal.

15 mount 5 ERK 1 08-15-82 5 15 MALE CHE 05 22 15 13 --- Acute Myseridist Infanction 25 51-80 23 51-80 A William Bridge - State of the March of the State of the

STATE OF MARYLAND



DECEASED NAME	11-	FOR STATE			STATE DEPARTMENT OF H	HEALTH		NTALH	6	3 6-		2	0		7	4
Linwood   Bethea JT.   Death   Alter   Baltor   Birth   Black   State   Stat			FIRST	74161		ER 3 C				2a. DATE	KNOWN	X wo	HINO	DAY	YEAR	2b. HOUR
Male Black 5 11 40										DEATH	MATED					м
N.C.   USA   MARRIED   NEVER MARRIED   DEVORCED   Baltimore City,   N.C.   II. NAME OF INSPIRAL, NURSING HOME, OR OTHER INSTITUTION   The USUAL OCCUPATION (three or work (PRO) in Such Acattry, one street adolests)   Baltimore   Townorth of the New York (PRO) in Such Acattry, or Street adolests   Townorth of the New York (PRO) in Such Acattry, or Street adolests   Townorth of the New York (PRO) in Such Acattry, or Street adolests   Townorth of the New York (PRO) in Such Acattry, or Street adolests   Townorth of the New York (PRO) in Such Acattry, or Street Adolests   Townorth of the New York (PRO) in Such Acattry (PRO) in Such Ac	138	000	M	ONTH DAY	VEAR LAST BIRTHINA	W1				PRONOU	NCED	МО				24 HOUR 3-30
Baltimore	7a B	OREIGN COUNTRY)					23					-			ATH	MD
136. STATE   MD   136. COUNTY   Baltimore   Malikibic (IYI (MINIS)   MODIE   MALTIMORE   MALTIMO	4	Baltimor	е	Union M	cility, give street address) Memorial Hos	spita		ION				(TYPE OF W	VORK 1			SINESS
James A. Bethea Ida McChan  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1170. INFORMANT ADDRESS 1170. INFORMA		STATE		ier institution, gr	13c CITY OR TOWN	,			13e. STR	B42 V	whit:	ride	ge	Ave	enue	•
PART 2 DIRER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED?   20 AUTOPSY?   YES	1	James	A	•	Bethea		Fi	Ida	N NAME		]		han		AST	
PARTI DEATH WAS CAUSED BY:  Diabetes Mellitus & Cardiac Arrythmia  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a) stofting the under-lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  UNDERLYING OR  UNDERLYING OR  UNDERLYING OALSE OF DEATH  P.M. 19  216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN FIRM 15 PART 1 OR PART 2)  UNDERLYING OALSE OF DEATH  P.M. 19  216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN FIRM 15 PART 1 OR PART 2)  WHILE NOT WHILE STREEL, FACTORY, FARM, ETC.)  218. LOCATION  STREEL FACTORY, FARM, ETC.)  219. LOCATION  STREEL CITY OR TOWN  COUNTY  ACTUAL  M.D. Deputy Chiefedical Examiner  DATE  SIGNED 8-16-1		YES, NO, OR UNKNOWN							ne I	3eth			Whi	tri	idge	e Ave
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE OF INJURY (AT HOME. AT WORK AT WORK  22a. I certify that I took charge of the remains described obave, held an Autopsy Inspection of the injury of the inju	ŀ	gave rise cause (a) st lying cause	ta immediate oting the <u>under-</u>	(b)	AS A CONSEQUENCE C	)F	E OR CONDITION	GIVEN IN PAR	RT I to							
216. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK  226. I Certify that I took charge of the remains described obave, held an Autopsy Inspection Management of Industry Gordinary (Accident Gordinary).  ACTUAL SIGNATURE  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 217. LOCATION STREET CITY OR TOWN COUNTY  218. LOCATION STREET CITY OR TOWN COUNTY  AUTOPSY M.D. Deputy Chiefedical Examiner SIGNED  DATE SIGNED  DATE SIGNED  DATE SIGNED  DATE SIGNED  DATE SIGNED  DATE SIGNED	FICATION	19a. DATE OF O	PERATION	196 CONDIT	ION FOR WHICH OPER	ATION W	AS PERFOR	AED?	-	_	÷	-				
22e I certify that I took charge of the remains described obave, held an Autopsy , Inspection . Inquiry , and in my apinion death resulted fram: Accident , Suicide , Hamicide , Undetermined monner , TITLE (SPECIFY)  ACTUAL SIGNATURE	S S	UNDERLYING	OR	HOUR A.M	MONTH DAY YEAR		OW INJURY	OCCURRE	D (ENTER	NATURE OF IN	NJURY IN ITEM	A 18 PART 1	OR PART		2 []	NO [X]
death resulted from: Activate	MEDIC	WHILE -	NOT WHILE							CITY OR TO	NWC		COUN	νŢΥ		STATE
EXAMINER'S NAME Thomas D. Cmith M.D.	2	death resulted  ACTUAL SIGNATURE	from: Jarget	pail.	Accident , Sui		, Hamici	de, PECIFY) ty Ch	Under iefeD	Permined m	MINER	].	ATE	8	-16-	82
EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS III Penn Street  230. BURILA, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STA	23a. §	(TYPE OR PRINT	ON, REMOVAL 236. D	ATE					123d. LC	CATION	eet	-	COUNT	·Y	STA	ATE

DHMH 17 (VR A15 ME (5)) 20M 4/82

24 FUNERAL DIRECTOR NAME

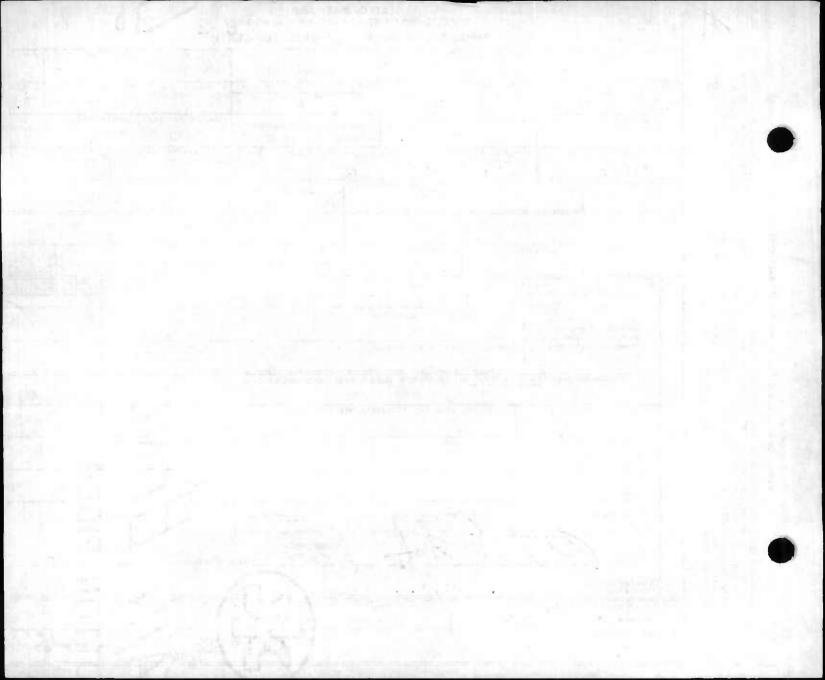
C. March F/H

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North Ave.

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AUG 1 7 1982 256 REGISTRAR'S SIGNATURE



medicale IMPORTANT: If Item 21 is marked ar Item 18 shows ony injury, or ather traumatic event, the

completely littled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and call should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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requires that the death certificate be executed within 24 hours often

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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in .	Cin	U	Ę		-

- 1	REGISTRAR					REG. NO	).			
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LA				MONTH DAY		26 HOU	JR
	BRO. MATT		BE'	rz s.M	1.		8 23	82		P.M
d		RACE	5. DATE OF		7	AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER	24 HRS
Я	Male	White	монтн <b>9</b>	24 €	ď4°	77	YRS.			
Ч	COUNTRY	U.S.A.	Y? 8 MARRIED	NEVER MA	RRIED 🔼 9	BALTIMORE CITY OF	_			
×	Maryland	WIDOWED	DIVO	RCED 🗌	Baltim				MD.	
>	Baltimore	1. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  Cardinal Gibbon	ns Facu			20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Teacher	WORKING LIFE)	126. KIND O INDUSTEYA Gibbot	rdin	a1
7	JSUAL RESIDENCE (IF NURSING HOME OR O 130. STATE  Maryland	OTHER INSTITUTION GIVE RESIDENCE BEFO IY 130. CITY OR TO Baltin	NWO	13d. INSIDE CITY	LIMITS?	1001 S. Ca	ton Av	enue	2122	19
	14 FATHER'S NAME FIRST MI	IDDLE LAST		15 MOTHER'S M		MIDDLE				
1	Matthew	Betz		He	len	WIDDLE		Bieg	gern	nan
	(YES NO OR UNKNOWN) LIFYES GIVE Y	WAR OR DATEST		17 INFORMANT		ADDRES				
	NO	(YES NO ORUNKNOWN)   (IF YES, GIVE WAR OR DATES)   219-58-6966   Father John					1 Rola	nd Ave	. 21	.210
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last.  PART 2. QTHER SIGNIFICANALCO	DUE TO, OR AS A CONSEQ  DUE TO, OR AS A CONSEQ  (c)  DUDITIONS CONTRIBUTING TO	LETOLIC DUENCE OF TENSIM DUENCE OF	cand	THE TERMIN	al disease or cond	DITION GIVEN	Ye	MATE INTER DINSET AND	
2	Atrial tib	196 CONDITION FOR WHIC	CH OPERATION	I WAS PERFORM	NED	200 AUTOPSY? YES NO P	206 IF YES, V IN CERTIFYIN YES [			TH?
,	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  218. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR 19	21c HOW INJUI	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC )	STREET		CITY OR TOW	/N	COUNTY	S	STATE
	27a I certify that (I) (this hospito saw the deceased alive an above, (I) (we) (did) (did nat) 27b. SIGNATURE	6/4 19	8   , and	that in (m) (au	19_ <b>5</b> ur) opinion del	_, to oth occurred an the dat	te and haur ai	nd fram the		,
	Bruce R. 7	Melinds	MI	ATTE PHY	ENDING Y	MEDICAL STAFF	F IAN 🗌	8/2	4/B.	2
	Dr. Bruce McCun	V		1311 Fr	ances	Avenue	21227			
	230. BURIAL, CREMATION, REMOVAL			METERY OR CRE	MATORY	23d. LOCATION		OUNTY		
	Burial	8/26/82 Sa	acred H	leart of	Jesus	Dundalk	Ba	1timor	e °	Md.
	24 FUNERAL DIRECTOR	man / machineman		1229	250. DATE R	REC'D. BY REGISTRAR 2	Sh DEGISTRA	R'S SIGNATI	JRE .	-
	Hubbard Funeral Ho	ome, Inc. 4107	Wilken	s Ave.	AUG	2 5 1982	John	- Jr. Co	theel	K

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death or trifficate by executed within 24 hours after death. Page 2 may by retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerance state is should be detached for use as the busiol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed things the should be filed than the State Deat, of Health and Mental Hydiene prior to buriol, cremovian, or removal.	IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumonic event, the medical examples much be not

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DHMH - 16 50M 1/81 (VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6

	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 1 7 6								
	DECEASED NAME FIRST MID     (TYPE OR PRINT)		IDDLE LAST			20 DATE OF DEATH MONTH DAY YEAR 26. HOUR			
M	Lewis		LLAN Bevier, SR.		SR.	08/05/82		5:35R	
П	3. SEX 4 RACE		5. C	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS		
	Male Whit		re 10 31 11		11	70	YRS DAYS	HOURS MIN.	
7	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF		WHAT COUNTRY? 8  MARRIED NEVER MARRIED		9	9 BALTIMORE CITY OR COUNTY OF DEATH			
/	New York U.S.		A. WIDOWED DIVORCED			Baltimore City MD.			
ø			HOSPITAL, NURSING HOME OR OTHER INSTITUTION		UTION 12	USUAL OCCUPATION	12b. KIND	12b. KIND OF BUSINESS OR	
	Baltimore		hn Hopkins		1 "	TYPE OF WORK FOR MOST OF WE	ORKING LIFE) INDUSTRY		
Ź	USUAL RESIDENCE (IF NURSING HO	OUNTY	GIVE RESIDENCE BEFORE ADMI	SSION)		e. STREET ADDRESS		21601	
5		albot	Easton	N 13d INSIDE CITY LIMITS?		pt 123 Will	iam Hill M		
	14. FATHER'S NAME	WIDDLE		15. MOTHER'S	AAIDEN NAME				
4	Allan	WIDDLE	Bevier	Ma	rv	E.		gner	
Ĭ	160 WAS DECEASED EVER IN U.		166 SOCIAL SECURITY		_/	ADDRESS		1136	
4	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		215-05-2710   Lewis A. Be			ier,Jr. 414			
	HOLID AM MACNITH DAY VEAD					LEUKEMIA 2 YEARS			
-		(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.  21d INJURY OCCURRED 21e, PLACE OF INJURY		19					
	WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE FARM, E	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
	278- I certify that (I) (this hospital) attended the deceased from AVG-UST (, 19 82, to AVG-UST 5, 19 82, that (I) we) last saw the deceased give an AUG-UST 5 19 82, and that ir (m) (our) apinion death accurred on the date and hour and from the causes stated above (II) we'ldid (Idid not) view the body after death.  278- SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN								
	(SPECIFY) Buria1	8/9/8		aine Park		Woodlawn	Baltimor	STATE Md	
	24. FUNERAL DIRECTOR			21229	250. DATÉ RI	EC'D. BY REGISTRAR 25	FEGISTRAR'S GN	AURI DE	
	Hubbard Funera	Subbard Funeral Home Inc. 4107 Wilkens Ave.   AUG 9 1982							

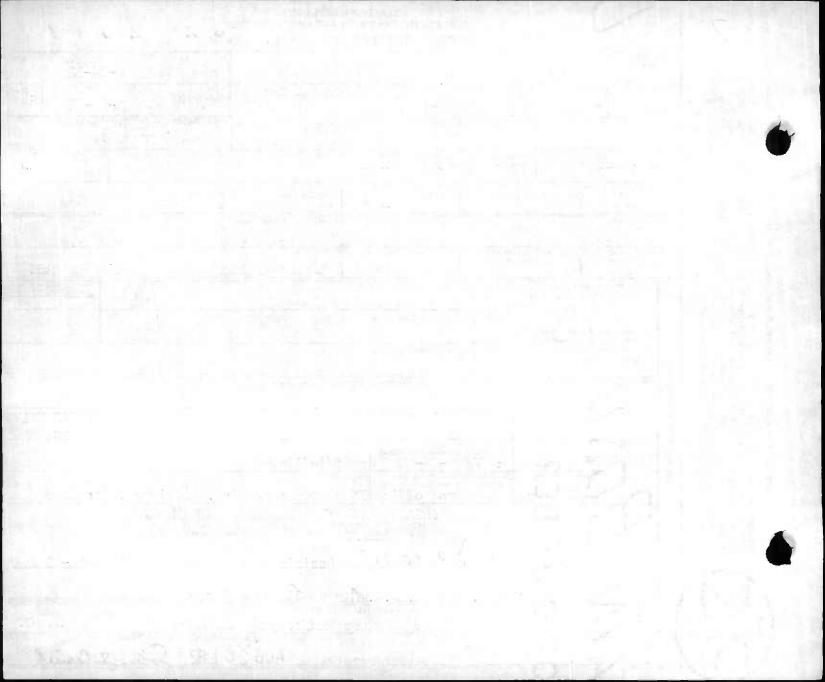
Hubbard Funeral Home, Inc. 4107 Wilkens Ave

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DHMH - 17 (VR A15 ME (5) 20M 4/82

RECTOR.

1 - S	OR		I	DEPARTMENT OF HE	ALTH AND MENTAL I	HYGIENES 2	2 0	17	7
	GISTRAR		MEI	DICAL EXAMINE	R'S CERTIFICATE (	OF DEATH REG	. NO.		-
	ASED NAME	FIRST		WIDDLE	LAST	20 DATE KNOWN	HTMOM XXV	DAY YEAR	2b. HOUR
[TYPE (	JK PKINT)	LEON	1	Н.	BILLIE	OF ESTI- DEATH MATED	8-24	1-82	
SEX	14	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS		R 24 HRS. 2c. DATE	MONTH	DAY YEAR	
. 7		- 1 · 1	MONTH DAY	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED	8-24	1-82	3:27/
al	HPLACE (STA	Black	02 12 76. CITIZEN OF WH	47 35 YRS.		9. BALTIMORE CI		- 19	_ ^
FORE	IGN COUNTRY)	TE OR	78. CITIZEIN OF WE		MARRIED XX NEVER MARR	RIED   Daltin	_		
	Carol		US		VIDÓWED DIVORO		nore City		M
	ORTOWNO		11. NAME OF HOS	PITAL, NURSING HOME, C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE		OR INDUSTR	SINESS
Ba	Ltimore	€	3500 Woo	odbrooke Aver	nue		- 11		
SUAL a. STA	RESIDENCE (			VE RESIDENCE BEFORE ADMISSION)	13a. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	vland	13b COUNT	1	Baltimore		1604 Lochwe	7 70 7		
	HER'S NAME			IDGICIMOLE	15. MOTHER'S MAID	ENNAME	ood Re		-
	FIRST		MIDDLE	LAST	FIRST	MIDDLE		LAST	
	obert	EVER IN U.S. ARM	AFD FORCES?	Billie IAB SOCIAL SECURITY N	Eliza	beth ADD	RESS Mac	Tadd	en_
(YES	NO, OR UNKNOW	(IF YES, GIVE V							al .
_	Yes			251-82-389	y4   veronic	a Bille 160	4 LOCNW		
	8. CAUSE OF	DEATH (Enter and	y ane cause per line	far (a), (b), and (c).)				APPROXIMATE BETWEEN ONSET	
	O FE		E CAUSE (a)	Gunshot wour	nd of head				
- 1	9	The state of the s							
- 1	100		DUE TO, OR	AS A CONSEQUENCE OF					
-1		, if any, which		AS A CONSEQUENCE OF			4 5 7		
1	gave rise	i, if any, which ta immediate	(b)	AS A CONSEQUENCE OF			4		
	gave rise	ta immediate	(b)						
	gave rise cause (a) s lying caus	ta immediate tating the <u>under-</u> e last.	(b)	AS A CONSEQUENCE OF	L AUSTRACE AR CAMALTIAN CHICK III A	AAY S			
	gave rise cause (a) s lying caus	ta immediate tating the <u>under-</u> e last.	(b)	AS A CONSEQUENCE OF	L OISEASE OR CONDITION GIVEN IN P.	ART 1 (a).			
	gave rise cause (a) s lying caus PART 2 OTHER SIGI	to immediate stating the <u>under-</u> e last.	(b) DUE TO, OR (c) ONTRIRUTING TO OFATH	AS A CONSEQUENCE OF		ART 1 (a).			
	gave rise cause (a) s lying caus	to immediate stating the <u>under-</u> e last.	(b) DUE TO, OR (c) ONTRIRUTING TO OFATH	AS A CONSEQUENCE OF		ART 1 (a).		² <b>९ ₩</b> ₽ <b>₽</b> Ђ <sup>ү</sup> ?	ONLY;
	gave rise cause (a) s lying cause PART 2 OTHER SIGN	to immediate stating the <u>under-</u> e last.	(b) DUE TO, OR (c) ONTRIBUTING TO DEATH	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINA TION FOR WHICH OPERAT	ION WAS PERFORMED?			YESXX	ONLY:
CEKTIFICATION	gave rise cause (a) s lying cause PART 2 OTHER SIGN 19a. DATE OF C	to immediate stating the under- elast.  NIFICANT CONDITIONS OF THE	(b) DUE TO, OR (c) ONTRIBUTING TO OFATH (19b. CONDIT	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINA TION FOR WHICH OPERAT	ION WAS PERFORMED?	ED CENTER NATURE OF INJURY IN ITE		YESXX	
CEKTIFICATION	gave rise cause (a) s lying cause PART 2 OTHER SIGN 19a. DATE OF C	to immediate stating the <u>under-</u> e last.	(b) DUE TO, OR (c) ONTRIBUTING TO OFATH (19b. CONDIT	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINATION FOR WHICH OPERAT	ION WAS PERFORMED?	ED CENTER NATURE OF INJURY IN ITE		YESXX	
EDICAL CERTIFICATION	gave rise cause (a) s lying cause (b) s lying ca	TO IMMEDIATE TO THE PROPERTY OF DEPTH AND TH	DUE TO, OR  (c)  19b. CONDIT  21b. TIME OF HOUR: A.M.  21e PLACE	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINA TION FOR WHICH OPERAT MONTH DAY YEAR 18-24-829  OF INJURY (AT HOME,	ION WAS PERFORMED?	BII NI YRULNI 70 BRUTAN RETNE). DB		YESXX	NO []
EDICAL CERTIFICATION	gave rise cause (a) s lying cause (b) s lying ca	TO IMMEDIATE TO THE PROPERTY OF DEPTH AND TH	(b) DUE TO, OR (c) 19b. CONDIT	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINA  TION FOR WHICH OPERAT  TINJURY  MONTH DAY YEAR  18-24-829  DE INJURY (AT HOME,  TORY FARM FOR	216 HOW INJURY OCCURR SELF/INFLICTE 216 LOCATION STREET	ED (ENTER NATURE OF INJURY IIN ITE	M 18 PART 1 OR PART 2	YES XX	NO [
EDICAL CERTIFICATION	gave rise cause (a) s lying cause (b) s lying cause (b) s lying cause (b) s live cause (b)	TO CAUSE WAS COURED NOT WHILE AT WORK	DUE TO, OR  (c)  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M. 9:00AM  21e PLACE C STREET, FACT D as 6	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINA  TION FOR WHICH OPERAT  INJURY MONTH DAY YEAR  18-24-829  OF INJURY (AT HOME, ORY, FARM, ETC.)  PEMENT OFFICE	216 HOW INJURY OCCURR SOLF/INFLICTE 2111 LOCATION STREET 3500 WOODBroc	ed (enternature of injury in life and the second se	MIBPARTIOR PART 2	YES XX	NO [
EDICAL CERTIFICATION	gave rise cause (a) s lying cause (b) s lying cause (b) s lying cause (b) s live cause (b)	TO CAUSE WAS COURED NOT WHILE AT WORK	DUE TO, OR  (c)  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M. 9:00AM  21e PLACE C STREET, FACT D as 6	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINA  TION FOR WHICH OPERAT  INJURY MONTH DAY YEAR  18-24-829  DE INJURY (AT HOME, TORY, FARM, ETC.)  EMENT OF I CE  cribed of HEAD a ONL	21c HOW INJURY OCCURR SOLF/INFLICTE 21f. LOCATION 3500 Woodbroo Wuldpsy XX, Inspection	ed (enternature of injury in life and the second se	M 18 PART 1 OR PART 2	YES XX	NO [
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MEDICAL CERTIFICATION	gave rise cause (a) s lying cause (b) s lying ca	CAUSE WAS COURED NOT WHILE AT WORK AT WORK AT WORK  AT WO	ONTRIRUTING TO DEATH I	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINA  TION FOR WHICH OPERAT  INJURY MONTH DAY YEAR  18-24-829  DE INJURY (AT HOME, TORY, FARM, ETC.)  EMENT OF I CE  cribed of HEAD a ONL	216 HOW INJURY OCCURR SOL f/inflicte 216 LOCATION STREET 3500 Woodbroo Woopsy XX, Inspectio	ed CITY OR TOWN  bke Ave. Balti  nn	more, Ma	YES XX aryland	NO
MEDICAL CERTIFICATION	gave rise cause (a) s lying cause (b) s lying ca	TATE OF DESCRIPTION OF THE PROPERTY OF THE PRO	DUE TO, OR  (c)  19b. CONDIT  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR' A.M.  9:00AA  21e PLACE C STREET, FACT D asset al causes	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINA  TION FOR WHICH OPERAT  INJURY MONTH DAY YEAR MONTH DAY YEAR MONTH DAY YEAR ORY, FARM, ETC.) OPMENT OFFICE  Cribed of HEAD a ONL  Accident , Suicic	216 HOW INJURY OCCURR SELF/INFLICTE 2111. LOCATION 'STREET 3500 Woodbrod Aulopsy XX, Inspectic Je XX Hamicide I, TITLE (SPECIFY) M.D.ASSISTANT	ED (ENTER NATURE OF INJURY IN ITE  ed  oke Ave. Balti  on , Inquiry ,  Undetermined manner [	more, Ma	YES XX aryland	NO
MEDICAL CERTIFICATION	gave rise couse (a) s lying cause (b) s lying ca	TATE OF DESCRIPTION OF THE PROPERTY OF THE PRO	DUE TO, OR  (c)  19b. CONDIT  19b. CONDIT  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR' A.M.  9:00AM  21e. PLACE C STREET, FACT D asset al causes	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINA  TION FOR WHICH OPERAT  INJURY MONTH DAY YEAR  1 8-24-829  OF INJURY (AT HOME, ORY, FARM, ETC.) OPMENT OFFICE  Cribed of HEAD ar ONL  Accident , Suicid	216 HOW INJURY OCCURR SELF/INFLICTE 2111. LOCATION 'STREET 3500 Woodbrod Aulopsy XX, Inspectic Je XX Hamicide I, TITLE (SPECIFY) M.D.ASSISTANT	ED (ENTERNATURE OF INJURY IN ITE  DE CITY OR TOWN  DE Ave. Balti  Inquiry  Undetermined manner  MEDICAL EXAMINER  Penn Street  1334 LOCATION	more, Maand in my apining,	YES XX ary Land	NO STATE
MEDICAL CERTIFICATION	gave rise cause (a) s lying cause (b) s lying ca	TO WHILE AT WORK  AT HOR WAS  AT WORK	DUE TO, OR  (c)  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M. 9:00AA  21e PLACE C STREET, FACT DASS  ac of the remains des	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINA  TION FOR WHICH OPERAT  INJURY  MONTH DAY YEAR  18-24-829  DE INJURY (AT HOME, ORY, FARM, ETC.)  DEMONTH OF CE  Cribed a GHEAD a ONL  Accident , Suicic  KOPELL M. D.  136. NAME OF CEME	216 HOW INJURY OCCURR SOL F/INFLICTE 216 LOCATION 3500 Woodbrod Woodbrod TITLE (SPECIFY) M.D.ASSISTANT  ADDRESS 111 F	ED (ENTERNATURE OF INJURY IN ITE  ed  city or town  bke Ave. Balti  n Inquiry,  Undetermined manner  L MEDICAL EXAMINER  Penn Street  138 LOCATION  CITY OR TOWN	more, Ma	YES XX ary Land	NO STATE
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	gave rise couse (a) s lying cause (b) s lying ca	TO MATERIAL	DUE TO, OR  (c)  19b. CONDIT  21b. TIME OF HOUR A.M  21c. PLACE  STREET, FACT DASS  al causes  1,  1,  1,  1,  1,  1,  1,  1,  1,  1	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINA  TION FOR WHICH OPERAT  INJURY MONTH DAY YEAR MONTH DAY YEAR MONTH OF ICE  CORY, FARM, ETC.)  MONTH OF ICEME  KOTELL M.D.  133C, NAME OF CEME  Friends:	216 HOW INJURY OCCURR Setf/inflicte 216 LOCATION 'STREET 3500 Woodbroo  Aubpsy XX, Inspection JEXX Hamicide I, M.D.ASSISTANT  ADDRESS 111 F TERY OR CREMATORY hip Meth. /	ED (ENTERNATURE OF INJURY IN ITE  DE CITY OR TOWN  DE Ave. Balti  Inquiry  Undetermined manner  MEDICAL EXAMINER  Penn Street  1334 LOCATION	more, Maand in my apinie	YES XX	NO STATE
WEDICAL CERTIFICATION  REDICAL CERTIFICATION  (S)  (S)  (S)  (S)  (S)  (S)  (S)  (S	gave rise couse (a) s lying cause (b) s lying ca	TO IMMEDIATE ON THE CAUSE WAS CAUSE OF DECLURED NOT WHILE AT WORK AT W	DUE TO, OR  (c)  19b. CONDIT  19b. CONDIT  21b. TIME OF HOUR A.M. 9:00AA  21e PLACE C STREET, FACT DASS  ac of the remains des	AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINA  TION FOR WHICH OPERAT  INJURY MONTH DAY YEAR  1. 8-24-829  Definjury (AI HOME, ORY, FARM, ETC.)  DEMONTH OFFICE  Cribed of HEAD a ONL  Accident Suicic  KOPELL M.D.  1336. NAME OF CEME  Friends	21c HOW INJURY OCCURR Self/inflicte 21f. LOCATION STREET 3500 Woodbroc  Authors XX, Inspectic Be XX Hamicide [], TITLE (SPECIFY) ADDRESS 111 F TERY OR CREMATORY hip Meth. /	ED (ENTERNATURE OF INJURY IN ITE  DOME AVE. Balti  DIA . Inquiry  Undetermined manner  MEDICAL EXAMINER  Penn Street  23d LOCATION  C Manning ,  REC'D. BY REGISTRAR 256. 6	more, Maand in my apinie	YES XX	NO STATE

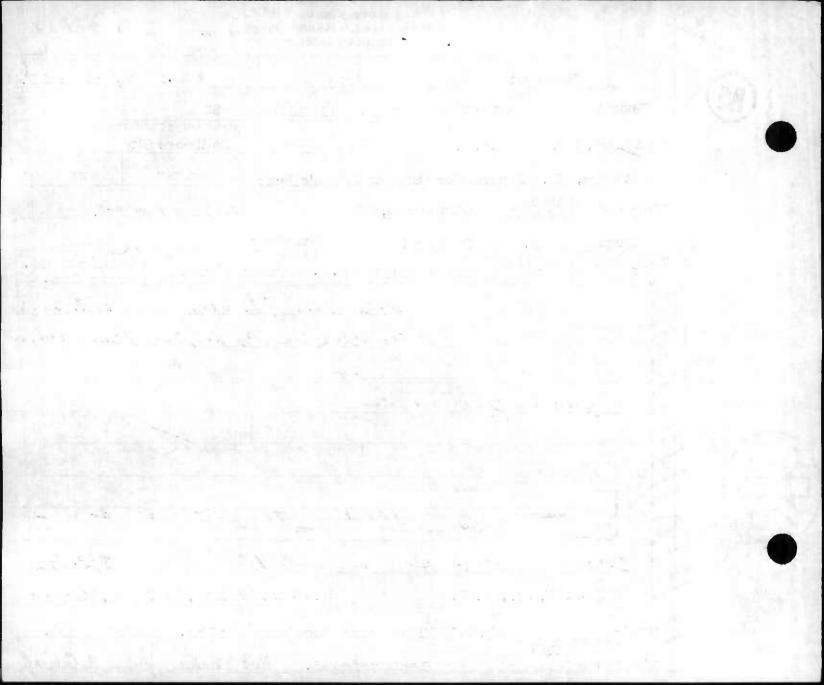


(VR A 15 (4))

5	1.	FOR STATE REGISTRAR			DEPART.		EALTH AND	MENTAL HYG DEATH		REG. NO.	0 1	/ 8
Th		CEASED NAME OR PRINTS	FIRST Marga	ret	NMN		ast Birx		20. DATE OF DE	Aug.	281 982	26. HOUR 8:25 P
M)	1.5E)	Female		4 RACE Whi	te ·	Dec	DAY	1899	6 AGE (IN YEARS	LAST BIRTHDAY)	IPUNDER I YEAR	IF UNDER 24 HR HOURS MIN
35	B	RTHPLACE (STATEORF DUNTRY) altimore, I	Md.	U.	of what country $\mathbf{S.A.}$	MARRIE		IVORCED [		city <u>or</u> coun imore C		٨
10		Baltimore,		(IF NOT IN	OF HOSPITAL, NURSI SUCH FACILITY, GIVE STREE CAL Germar	T ADDRESS)			12a USUAL OCC (TYPE OF WORK FOI MOME!	CUPATION R MOST OF WORKING Naker	LIFE) 12b. KIND C INDUSTRY OW	n home
35	13a. S	AL RESIDENCE (IF NUR TATE aryland	Anne Arun	OTHER INSTITUT	134 CITY OR TOV	RE ADMISSION)	13d_INSIDE (		13e. STREET ADD	ress roadviev	v Blvd.	
A20	14 FA	George		MIDDLE	Bomhard	lt	Wi	'S MAIDEN NAI lhelman		IDDLE	Unkno	
Poper C	Take V (Y	VAS DECEASED EVER	IN U.S. AR	MED FORCES WAR OR DATES)	220-05-1		17 INFORMI Mr •H	(son) • Luth	er Birz	ADDRESS I	Linthic Jerome	
lagned by the attending ph en please remove carbon p a burot, cremotion, or remo ary, or other traumatic even	N	Conditions, il any gave rise to im cause (al., statiunderlying cause	, which mediote ng the	DUE TO,	OR AS A CONSEQU	DENCE OF	roley	lie	Market Number	Use		Lerbo
te hos been nut permit. The givene prior to shapes only in	CERTIFICATION	190 DATE OF SPERA			ADITION FOR WHICH					O D IN CER	YES, WERE FIND! TIFYING CAUSES YES []	
ter this certifical is the busing from the following the fixed or them 18	MEDICAL CI	OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC 21d, INJURY OCCUR	CAUSE OF DEA	21e PLAC	A.M. MONTH [ P.M.  CE OF INJURY , STREET, FACTORY, OFFICE,	19	211 LOCATI		RED (ENTER NATURE	Y OR TOWN	COUNTY	STATE
5 FUNERAL DIRECTOR: An outlet be detroched for use or the hithe State Diept of Health PORTANT. If heir 21 is more		220.1 certify that (I's aw the decease above, (I) (Was 22b. SIGNATURE 22d. PHYSICIAN'S N	ed alive an did na	R PRINT)	ady offer death.		DEGREE 22e. ADDRES	ATTENDING A PHYSICIAN Z	MEDICAL DIRECTOR	STAFF PHYSICIAN [	our and from the 22c. DATE 2/3	SIGNED
0 4 3 4 550M 1/76	E	URIAL, CREMATION,  Burial  UNERAL DIRECTOR		23b. DATE			EMETERY OR	CREMATORY emeter	23d LOCATION CITY OR TO Balt	0 · C	county Lity STRAR'S SIGNAT	STATE Md.

Home GlenBurnie Md.

STATE OF MARYLAND



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached far use as the burial-transit permit. Then please remave carbon-papers. Forest with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

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## STATE OF MARYLAND

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line	- Con	9			

1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
	CEASED NAME FIRST	MIDDLE	LAST		AONTH DAY YEAR 26 HOUR
( TYPE	Jane Jane	E.	Bittner		08 1 28 82 11 25
3. SE>		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY IF UNDER I YEAR IF UNDER 2
	FEMALE	White	MONTH DAY YEAR 48	3 4	MONTHS DAYS HOURS
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OF	
1	USA	USA	WIDOWED DIVORCED	Baltrin	ore City
Ci	Baltimore	11. NAME OF HOSPITAL, NURS' (IF NOT IN SUCH FACILITY, GIVE STREE  VALUE OF MA	ING HOME OR OTHER INSTITUTION ET ADDRESS)  HOSP .	120 USUAL OCCUPATIO	
Ila S	STATE Md 136 COUI	ROTHER INSTITUTION GIVE RESIDENCE BEFORM  130. CITY OR JOY  ECAN Y Frostbu	WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 287 East	Main St
14. FA	THER'S NAME  FIRST  O HN	MIDDLE KIDLE	UELL EASIA	AME MIDDLE	RimpLE
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES)	URITY NO. 17 INFORMANT 6-0797 VAROLD	BITTNER.	FROSTBURG.
	PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), o DBY: TE CAUSE (0) <u>Metastat</u>	. ( 11 0 11 6.	of Rectum	APPROXIMATE INTERVENCE ONSET AND D
	PART I. DEATH WAS CAUSE	DBY: Madech to	ic Small Cell Cancer of	of Rectum	1 - 1 -
NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	D BY:  DUE TO, OR AS A CONSEOL  DUE TO, OR AS A CONSEOL  DUE TO, OR AS A CONSEOL  (c)	ic Small Cell Cancer of		10 month
TIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DBY:  DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	ic Small Cell Cancer of		10 month
CERTIFIC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  1716. TIME OF INJURY HOUR A.M. MONTH I	JENCE OF  JENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED	WINAL DISEASE OR COND	10 month
ICAL	PART I. DEATH WAS CAUSE    MMEDIA'	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  1716. TIME OF INJURY HOUR A.M. MONTH I	JENCE OF  JENCE OF  JENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  19  216. HOW INJURY OCCUR	WINAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{YES} \)	10 MONTH  17 ION GIVEN IN PART I I II  20
MEDICAL	PART I. DEATH WAS CAUSE    MMEDIA	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  ATH HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	JENCE OF  JENCE OF  JENCE OF  DEATH BUT NOT RELATED TO THE TERM  H OPERATION WAS PERFORMED  DAY YEAR  19  21f. LOCATION  STREET  21f. LOCATION  STREET  22f. LOCATION  STREET  22f. LOCATION  STREET	208 AUTOPSY? YES NOTAL NATURE OF INJURY CITY OR TOW	1710N GIVEN IN PART I I I I I I I I I I I I I I I I I I I
MEDICAL	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gove rise to immediate cause ial, stating the underlying cause last  PART 2. OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CONTRIBUTION	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO  196. CONDITION FOR WHICH  196. CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.  (atol) ottended the deceased from 19 28  (AT WITH WITH WITH WITH WITH WITH WITH WIT	JENCE OF  JENCE	208 AUTOPSY?  YES NOT	ITION GIVEN IN PART I I a  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY  NO COUNTY  19 22, that (1) (we e and hour and from the causes state  22c. DATE SIGNED

BP.

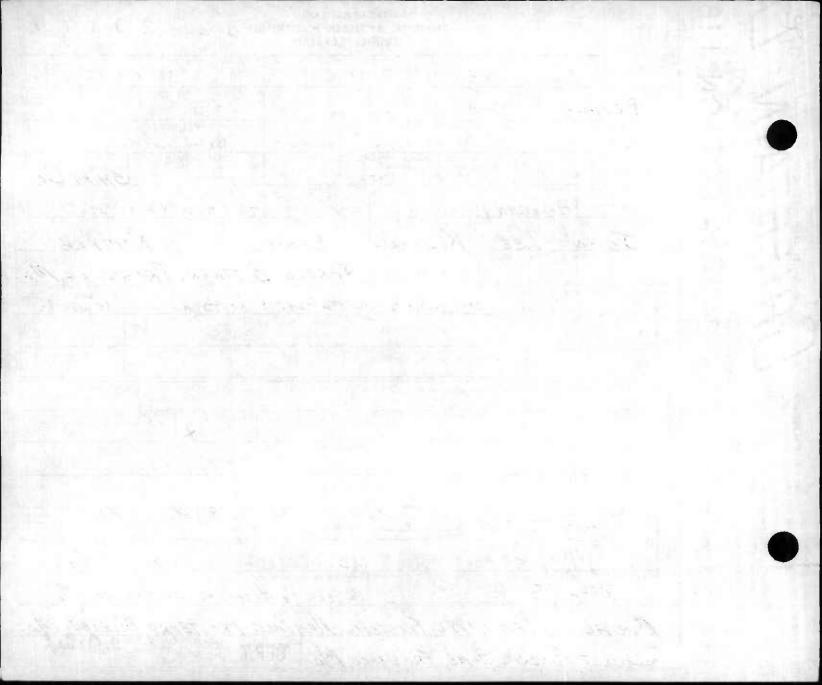
retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

DEST FUNCEAL HOME, FROSTBURG, MO.

THE STRAN DIG STREET BY BEGGRAR



20M 4/82

STATE OF MARYLAND

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FOR T - STATE REGISTRAR	DEPARTMENT OF HEAL	MARYLAND TH AND MENTAL HYGIENE TE OF DEATH	8 2 2 REG. NO.	0 1 8 1
1. DECEASED NAME Afforta	Bla	20. DAT	E OF DEATH MONTH D	22 82 11 AM
3. SEX Female Blu	CK 5. DATE OF BI	28 190Z	79 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
ynchburg, Va 4.5.	MARRIED WIDOWED	DIVORCED	MORECITY OR COUNTY	Itu MD.
Baltimore Baltimore	HOSPITAL, NURSING HOME OR O CHEACILITY, GIVEN HEET ADDITION	(TYPE OF	JAL OCCUPATION WORK FOR MOST OF WORKING LIFE USEWIFE	12b KIND OF BUSINESS OR INDUSTRY  Domestic
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13b. COUNTY			ET ADDRESS L Eldorado	Ave
14 FATHER'S NAME FIRST MIDDLE  Charles		MOTHER'S MAIDEN NAME FIRST  Amanda	MIDDLE	Randolph
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	215-38-3270 G	Dolores B. P.	502 Vile	on Bridge Dr
18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Pa.		APPROXIMATE INTERVAL BETWEEN ONSET AND DIATH
Conditions, if ony, which gove rise to immediate	RAS A SEQUENCE OF	Borain Squed	voru	years

BALTIMORE, MARYLAND 21201 physicia DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. attending by the ather DUE TO, OR AS A CONSEQUENCE OF underlying couse pleas NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION TO FUNERAL DIRECTOR: After this certificate has been the burial-transit permit. I and Mental Hygiene priar Vno 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 18 shaws NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (\*(this hospital) attended the designed from MPORTANT: If Item 21 is should be detached for with the State Dept. of I sow the deceased alive a and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (h (we) (did) (de view the body ofter deat 22b. SIGNATUR DEGREE ATTENDING MEDICAL STAFF 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 8-27-82 Accokeek Burial Christ Episocapal Charles DHMH - 16 50M 1/81 Martell Adams Aquasco Md, 20608 (VRA 15, 4) AUG 31

ATTO A SHARE THE STATE OF THE S lelstrore x prostsie nglobnen abnass nessod sebittor ZIE-2-32 Dolores B. Figres. 3/ Like in the second of the seco by medicari Rossloven Inquestiga dairei SU-TS- Isisti ertell daws Aquesco NG, 20008 - Aus C 1842 - E L 1 Laste

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after de retained by the hospital or attending physician.
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	L	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 1 8 2
deoth deoth	(TYP		nne A. B	SO/CER	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SE	FEMBLE	4. RACE W HITE	S. DATE OF BIRTH  MONTH DAY YEAR  O O	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
of of of	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORCED	9 BALTIMORE CITY OR COUNTY BALTI	MONE CITY MD.
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and 2 sl	#4 F.	ATHER'S NAME EIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAV	WIDDLE	UNIC
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n signed by the attending physic Then please remove corbonpope intaburial, cremotian, ar removal injury, ar other traumotic event, it	NOI	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)		Parluse INAL DISEASE OR CONDITION OF	GIVEN IN PART 1/0
te hos been sit permit. I giene prior shows ony ii	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIF WHE CAUSES OF DEATH? YES NO [
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After this e as the b alth ond A morked og	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, EA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
IRECTOR: A thed for use tept, af Heal them 21 is mo		sow the deceased alive an	tal) attended the deceased from 19	, and that in (my) (aur) apinian a		
= 000 =		9.5	Salu.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 2 8 2
TO FUNERAL should be det with the Stote IMPORTANT:		J. 50	ler	3001 S	Hanover	St. BAT. MD.
P	230	PRIAL, CREMATION, REMOVAL	0 4 04 7	AME OF CEMETERY OR CREMATORY	23d. LOCATION 25 SENTINGO1	PG. MD
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DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HY		2 REG. NO.	0	- Tomas	8	3
WIDDLE	LAST	20. DATE	KNOWN XX	MONTH	DAY	YEAR	2b. H
K.	Bollinger	DEATH	MATED	8	121	9 82	

	CEASED NAME	FIRST		MIDDLE			LAST			2a. DATE	KNOWN ESTI-	V M	HTMOA	DAY	YI
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	Baltimore		Univers							ior A			DA	USA	
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16a. V	WAS DECEASED EVI	ER IN U.S. ARM			IAL SECURI	ITY NO.	17. INFOR			J.,	ADDR	RESS	1/1/	المليلال	LJ
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requires that the death certificate be executed within 24 hours after death. Page 4 may be

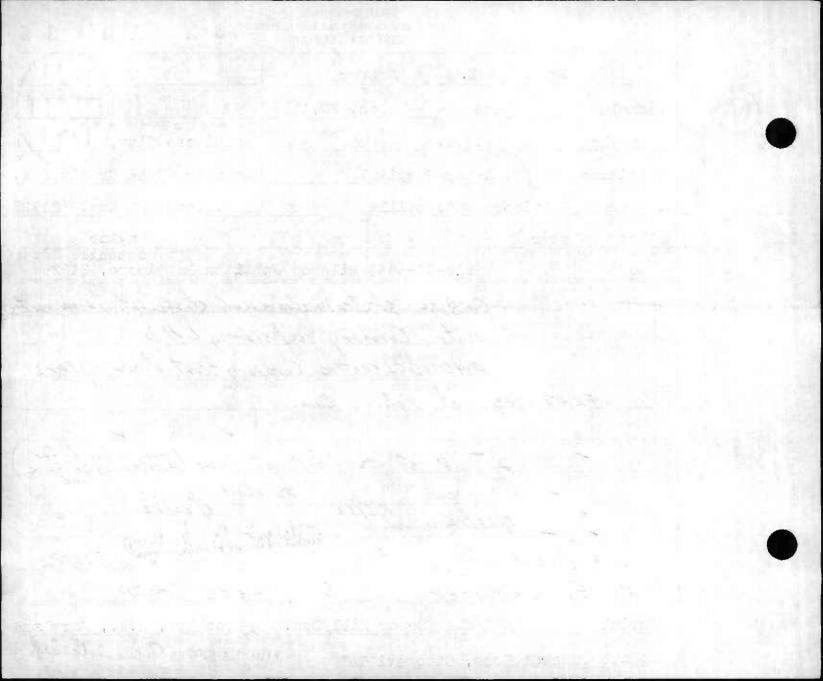
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and campletely filled in by the furring shauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

					STAT	E OF MARYLA	ND				
	1	FOR STATE		DEPA	RTMENT OF H	EALTH AND A	MENTAL HYG	IENE 8 2	2	0 1	8 4
		REGISTRAR			CERTIF	ICATE OF D	EATH	REG. N	0		
		CEASED NAME	FIRST	Patrick		AST				DAY YEAR	26 HOUR
	(TYP)	E OR PRINT)	FRANCI	SCO PAULER BI	OLLOTTI	FRE		AUGUST	3, 1	982	1:30 PM
1	3. SE			RACE	5. DATE (			6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
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59	0	IRTHPLACE (STATE OR E	OREIGN 76	CITIZEN OF WHAT COUNTI	MARRIE	NEVER N	ARRIED -	9 BALTIMORE CITY O	_	OFDEATH	
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25	10 C	ITY OR TOWN OF DEA	TH 111	I. NAME OF HOSPITAL, NUR (IF NOT INJUSCH FACILITY), GIVE STI	RSING HOME (	OR OTHER INST	ITUTION	120 USUAL OCCUPATI	ON F WORKING LIE	12b. KIND C FE) INDUSTRY	OF BUSINESS OR
6		Baltimore		(hurch Ho	spital			Retired		Long	shoreman
00	₩SU. 13a. S	AL RESIDENCE (IF NURS	ING HOME OR OT			13d. INSIDE CI	COTIANII VI	13e STREET ADDRESS			
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2		ATHER'S NAME				15 MOTHER'S	MAIDEN NA	ME		000 / (/ 0	uu.
116		Innocen		Bollos	ttiere	Ph	Lomen	MIDDLE	1	ingui to	it
0	16a. V	WAS DECEASED EVER	IN U.S. ARME			17 INFORMAL		ADDRE	SS	agana	
aed /	(	YES, HO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	4782	Mania	R-11-1	tiere 117 N.	1	A.	2/22/
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,		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only AS CAUSED I	ane cause per line for (a), (b), BY:				The state of		BETWEEN	ONSET AND DEATH
8 A	3	11 50	IMMEDIATE	CAUSE (a) CARL	DIORESP	IRATORY	ARRES	1			
notic		1627		DUE TO, OR AS A CONSE							
0		Canditians, if any,		( b) CARCINO	DMA OF	LUNG WI	TH MET	<u>ASTASES</u>		All Control	
or other traumo	-	gave rise to imm cause (a), statin	g the	DUE TO, OR AS A CONSE	OUENCE OF					100	
0	-	underlying couse	lost.	(c)						12	49
٥ <u>ک</u>		PART 2. OTHER SIGN	IFICANT CO	NDITIONS CONTRIBUTING 1	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
2	ō		OUES	STIONABLE SEPS	SIS						
	CERTIFICATION	19a. DATE OF OPERAT		196. CONDITION FOR WH		N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	VGS USED
1	Ē							YES NO NO	YE YE	YING CAUSES	NO [
6	CER	210. ACCIDENT WAS UND	ERLYING	21b. TIME OF INJURY		21c HOW IN.	IURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 P	PART I OR PART 2)	
7		OR CONTRIBUTING C		HOUR A.M. MONTH	DAY YEAR						
	MEDICAL	21d. INJURY OCCURE		21e. PLACE OF INJURY	19	211 LOCATIO	N				
2	M.	WHILE NOT WH	ILE	(AT HOME STREET, FACTORY, OFFI	CE, FARM, ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WO	RK		m AUGII	CT 2	10 82	a AUGUST	2	19 82	
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A I		22d. PHYSICIAN'S NA				22e. ADDRESS	CHUR	CH HOSPITAL	CORP	ORATION	A BYE
T AN	14	100	. KAWA	JA, M.D.		100 N	ORTH B	ROADWAY, BA	LTIMO	RE. MD	21231
\$		BURIAL, CREMATION,	REMOVAL	23b. DATE 2:	I NAME OF C	EMETERY OR C		23d LOCATION			
		(SPECIFY) Bunia	/	8-6-82	Sacre	L Heart	(em.	Dundalb	Bal.	COUNTY	STATE
31	24 FI	UNERAL DIRECTOR	-			- 1,1 - 00	250. DAT	E REC'D. BY REGISTRAR	256 REGISI	RAR'S SINA	TRE .
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1		, or occurre	a son	0.000	OTURALLA	L STREE	T.		V		

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicion. to the control of the o ----- 277-/1-177 Marie To Caldidate //7 1. Lucasta ey . 2722 well - 1-1-2 | Yangus Herest Jan. - - 1-12-5 Jan. Section 19 

10		FOR	DEDADTE	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	HENE CA da Co	
10	1.	STATE REGISTRAR	DEPARTS	CERTIFICATE OF DEATH	REG. NO.	0 1 8 5
Are sure		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
2 50	(1111)	Mar	ide E.	Bolster	8 22	82 M
	3 SE	X	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF I	UNDER 1 YEAR IF UNDER 24 HRS
11/1/1		Female	White	Dec. 20,1888	93 YRS	NINS DATS HOURS MIN,
100	7a B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	FDEATH
1 20		Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore City	У, MD.
1 1/1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
1 11 90		altimore	St. Agnes Hos	pital	Manager BG&E	Credit Off.
1 14 101	SU 13a. S	AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE JNTY 13c. CITY OR TOW	ADMISSION) N 13d INSIDE CITY LIMITS?	I3e. STREET ADDRESS	
2 11 CRO		ryland Bal	timore Catonsv		7B N. Beaumont	Ave. 21228
1 10 101	14. FA	THER'S NAME FIRST	MIDDLE LAST	IS, MOTHER'S MAIDEN NA	MIDDLE	IAST
1 10050	_	ilman Bolste		Ida	Tag	ylor
ond a cages		VAS DECEASED EVER IN U.S. A	THE WAY OF THE PERSON			tshire Rd.
S. Po		(IF YES, C	212-05-	5453 Mildred Fe	ertitta Baltimoi	
ysici oper vol.		18 CAUSE OF DEATH (Enter of	only one couse per line for (q), (b), on SED BY.	dici. / 4 . /	/	BETWEEN ONSET AND DEATH
g ph bong remo			ATE CAUSE (0) Cardiac	e/ec/romechan	vical dissocial	ian - Herry For
orth cork		4100	DUE TO, OR AS A CONSEQUE	INCE OF	1 1 42	4.
otto otior rrour		Conditions, if ony, which	(b) ACUTE	Coronary occ/45	ion, CIID	//
that the by the cose rem		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	201 : 0	vara Heart disca	e years
gned gned en pli burn	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	IN PART 110
requents	CERTIFICATION	FRACT	URES at 1	Ubic Rami		
low or been been been been been been been bee	ICA	190. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?
The loricion.	RT		S AN THE OF INTERN		YES NO YES	
Z S O O T S		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR AM MONTH DA	AY YEAR 21c HOW INJURY OCCUR		chased for
rSICIA ling pl certification of the certification o	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	IER) 2 P.M. 8 S	19 <b>8</b> - Tell 4	1 WOME (AMISTRY	by Dr Gard
tend the b	MEC	WHILE NOT WHILE	INT HOME STREET, FACTORY OFFICE, F		CITY OR TOWN	COUNTY ME STATE
Afre alth on or hork			Home	deles	asole Same as 7	
OR OR I IS T		sow the deceased alive a	pitol) ottended the deceased from_	ond that in (my)	death accurred an the train and hour of	, that (we) lost
AT Nosp		obove, (I) (we) (did) (data 22b. SIGNATURE	ot) view the body after death	m-110/A	a for II A a CAL AD	22c. D'ATE SIGNED
toch toch toch # #		111	a	ATTENDING ATTENDING	APPROVED BY FOUND EXAMINED OF PHYSICIAN I	9/22/05
ANT State		224 PHYSICIAN'S NAME COM	OFMINIT	PHYSICIAN [	DIRECTOR PHYSICIAN	925/82
46 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P 1 P		DE	CPALLEL	STA	FUEC HOSE	9
0 8 6 8 4 2	23n F	SURIAL, CREMATION, REMOVA	L 23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
) BP	200.	Burial	- / /-	edar Hill Cem.	CITY OR TOWN	OUNTY STATE
	_	INERAL DIRECTOR	0/2/02 08		Brooklyn, A.	
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME	ADDRESS		16 24 1982 Sala	2 Calriely
	147	achabb runer	cal Home, Cator	ISVIIIE I A	10 1.4 1.100	



1 - STATE			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL H CICATE OF DEATH	YGIENE 8	2 NO.	0	8 6
DECEASED			MIDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	E	. LEE	BONSAL	L JR		August 3	31 198	32	9:40p
3.5EX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS
Male	9	White		Jur	ne 23,1923	59	YRS.	ONTHS DAYS	HOURS MIN.
COUNTRY)	CE (STATE OR FOREIGN	7b. CITIZEN OF	what country?	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	BALTIMORE CITY	OR COUNTY		WD
BALTI	OWN OF DEATH  MORE  DENCE (IF NURSING HOME)	THE J	OHNS HO	PKINS	OR OTHER INSTITUTION  HOSPITAL	12g USUAL OCCUPA (TYPE OF WORK FOR MOS EXECUTIVE	TION	12b KIND O	F BUSINESS OR
130. STATE	land 13b COL		13c. CITY OR TOW Baltimos	/N	13d. INSIDE CITY LIMITS?	13 SIREET ADDRES	neer Dr		
14 FATHER'S	NAME FIRST <b>Elmer</b>	Lee	Bonsall S	Sr	15 MOTHER'S MAIDEN I	MIDDLE	Macl	Farlahe	j j
	CEASED EVER IN U.S. A R UNKNOWN) (IF YES O	RMED FORCES?  ONE WAR OR DATES!	166. SOCIAL SECU		17 INFORMANT Mrs Sara	E Bonsall	RESS	Same	
Candi gave couse	INMEDIATE (Enter CAUSE)  IMMEDIATE (AUTOMOTOR)  Itions, if ony, which rise to immediate (O), stoting the lying cause lost.	DUE TO, O	R AS A CONSEQUI	ENCE OF	pulmenco ed pulm	Jembo	lous	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
NO DA 190. DA	TE OF OPERATION	6 (	TION FOR WHICH	-	NOT RELATED TO THE TE	200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	IGS USED
OR COM	ATRIBUTING CAUSE OF D HER NOTIFY MEDICAL EXAMIN JURY OCCURRED	EATH HOUR A. ER) P. 21e. PLACE	M. MONTH DA	19	211 LOCATION STREET	CITY OR		COUNTY	STATE

OHMH-16-50M 1-81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)
Burial 9/3/82

saw the deceased alive on blove, (I) (we) (did) (did not) view the bady

226. SIGNATU

24 FUNERAL DIRECTOR

224. PHYSICIAN AME (TYPE OR

231 NAME OF CEMETERY OR CREMATORY Parkwood

DEGREE

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated

Baltimore Maryl

Leonard J Ruck Inc. Baltimore, Maryland

Cardio pulsor and of rent 1. I Supplied policy and the 2 5kmo 

	4	-
ted within 24 hours after death. Page 4 may be	ompletely filled in by the function director, page 3 and 2 should be fund a times shown after death	7 0000
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page # may be refouned by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the time function page 3 should be detached for use as it be unit-training term. Then please remove corbonopers. Pages 1 and 2 should be find the state of the city and the state pear of Health and Mental Harmen arranged remotion or semantic and the state Deat of Health and Mental Harmen arranged remotion or semantic.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. AUG 1 3 1982

	FOR - STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	20187
(TYF	PE OR PRINT) FLETCH			OT H	08	///
3. SE	MALE  BIRTHPLACE (STATE OR FOREIGN	CAU 76 CITIZEN OF WHAT COUN	S. DATE C	- 17 - 63	6 AGE IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
à	COUNTRY)  CITY OR TOWN OF DEATH	USA  11. NAME OF HOSPITAL, N	MARRIEI		BALTIMORE CITY O	
41	Baltimore City  JAL RESIDENCE (IF NURSING HOME OR	BON SECOUL	E STREE ADDRESSM.		(TYPE OF WORK FOR MOST OF WATER TO THE MAN	WORKING LIFE) INDUSTRY
5 130	ATHER'S NAME		RIOWN	13d. INSIDE CITY LIMITS? YES NO	607 Lu	CIA AUE 21229
20	UNKNOWN	MIDDLE LA	TH	PEARL	MIDDLE	Burnette
1 100.	WAS DECEASED EVER IN U.S. AR  ES NO OR UNKNOWN)  (IF YES, GIV	MED FORCES? 166 SOCIAL 230-0	01-8499	Myetle Bo	eth 60%	Lucia Avi.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
Noi	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	SEPSI. SEQUENCE OF PMEU	7	RUPRURE INAL DISEASE OR CONE	
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF CENTER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		19	214 HOW INJURY OCCURR 211 LOCATION STREET	CITY OR TO	<u> </u>
	22a. I certify that (I) (this hospi sow the deceosed alive an above, (I) (we) (did) (did no 22b. SIGNATURE	1) view the body after death.	_19, on	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	telond hour and from the couses stated  27c. DATE SIGNED  FIAN   8 / 6 / 8 )
4	22d. PHYSICIAN'S NAME (TYPE O	1		40 DUND		BALTO MD. 2121
	BURIAL, CREMATION, REMOVAL (SPECIFY)  NTOMBMENT	23h DATE 08-13-82	The second	ON PARK	23d LOCATION CITY OF TOWN BALT IMOR	E CITY MARYIAND

21229

WILKENS AVE.

ADDRESS 4107

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC.

AVI (3-PU-80 HTOUG LI XIHOTAUT. MALLE DE CAUSE TO THE BEST TO STAM e annoing times and the state of the state o MARK THE TRUE AND THE TRUE AND THE TRUE AND THE TRUE THE The man of the state of the sta Party interest of the state of Carlo Maria Carlo Carlo

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

# FOR STATE

and 2 should be filed within 72 hours of campletely filled in by the funeral director executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

		REGISTRAR			CERTIF	ICATE OF D	CAIN	REG.	NO.	20 00 00		
		EASED NAME FIRST	MES ,	Be B	OR	OWS'	KI	2a. DATE OF DEATH	8-2	OAY YEAR	26. HOU	5 AM
	3. SEX		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST E	IRTHOAY]	MONTHS DAYS	IF UNDER	74 HRS MIN
		Male	Caucasi	an	Nov	. 11,	1902	79	YRS.			
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER A	AARRIED X	9. BALTIMORE CITY	OR COUNT	Y OF DEATH		
2		aryland	U.	S. A.	WIDOWE		VORCED	Baltimor	e City	V-		MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INST	ITUTION	12a USUAL OCCUPA		126. KIND C		SSOR
4	Ba	ltimore		the facility, give street.  Memorial		tal		Painter	FOF WORKING L	Amoco		Co.
1	USUA	L RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)					144000	03.46	000
	13a. S Man	ryland	OUNTY	Baltimor		13d. INSIDE C	NO [	1805 GOU		reet #2	21231	
		THER'S NAME					MAIDEN NA	ME				
		John	WIDDLE	Borow	relei		<sup>first</sup> Antoine	MIDDLE		Ke	si ociem	eki
_	16a W	AS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECU		17. INFORMA			RESS	110	/CICIII	DALL
	(Y		S, GIVE WAR OR DATES)	216-16-3	1111	1	70 70		~ ~ ~	3: O4 d	42122	1
H	-	No -		K10-10-3	446	Agnes .	F. Dorc	wski - 180	5 Gou		IMATE INITE	PVAT
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	AUSED BY:	line for (a), (b), and	NID	CA	RRI	EST		BETWEEN	ONSET AND	DEATH
		491 DIMME	DIATE CAUSE (a)	CAIC	- 1 1 G	- 73			-			
		1160		R AS A CONSEQUE	NCE OF	(	PI					
		Conditions, if any, which gave rise to immediate					- 1					_
		couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					J. No. 1		
		underlying cause las	(c)									
	NOI	PART OTHER SIGNIFICA	10 CU	TANE	OUS	NOT RELATED	TULL TERM	A HX C	NOTION G	YEN BPART 1	a1	
7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINDI		
-	E							YES NO		res 🗌	NO [	
5	ĕ	21a. ACCIDENT WAS UNDERLYIN			VE AD	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18.	, PART 1 OR PART 2]		
		OR CONTRIBUTING CAUSE (	DI DEGIN	.M. MONTH DA	19							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATIO	N		-1			
	¥	WHILE NOT WHILE T	AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	- 1	CITY OR 1	2/2-	COUNTY	51	TATE:
à		220 I certify that (K(this	haspital) attendedet	descend from	5/	25	19.0		5/23	1906	that OE (	we) last
		saw the deceased alivabove, it (we) (did)		111	57%	nd that in (M)	(aur) apinion	death occurred on the	date and he	our and from the	couses str	ated
ģ		22b. SIGNATURE	VIII	A V	W	PEGREE				22c. DATE	SIGNED	
			111/100	11/2 3/1/	14		TTENDING F	MEDICAL ST	TAFF	A1107.	25,	1982
0		22d. PHYSICIAN'S NAME O	TYPE OR PRINTL			22e, ADDRES	PHYSICIAN [	J DIRECTOR PHT	CIAN	( /	~/9	1 702
6	2	108/F	HODTI	10/18	)	NIGA	11050	110 Stal	5 H	050		
-		4020	101010	- 1		1100/	1200	In tocation	- 15	7/		
	23a. B	URIAL, CREMATION, REMO	OVAL 23b. DATE	23c. 1	NAME OF C	EMETERY OR	REMATORY	23d. LOCATION		COUNTY	ST	AYE

BP DHMH - 16 50M 7/77 (VR A 15 (4))

Burial

8/28/82

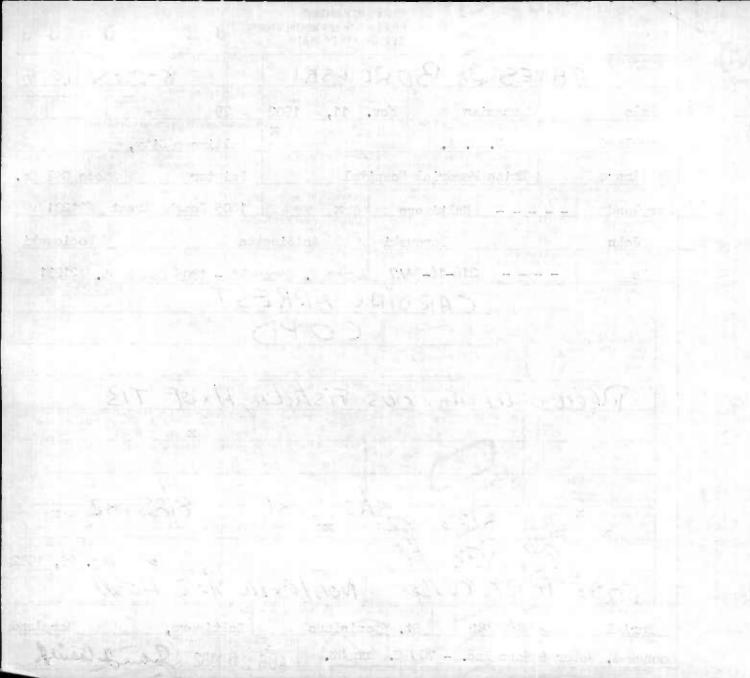
St. Stanislaus

Baltimore,

Maryland

74 FUNERAL DIRECTOR
NAME
George A. Weber & Sons Inc. - 705 S. Ann St.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled withing 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

#### STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	77.7	

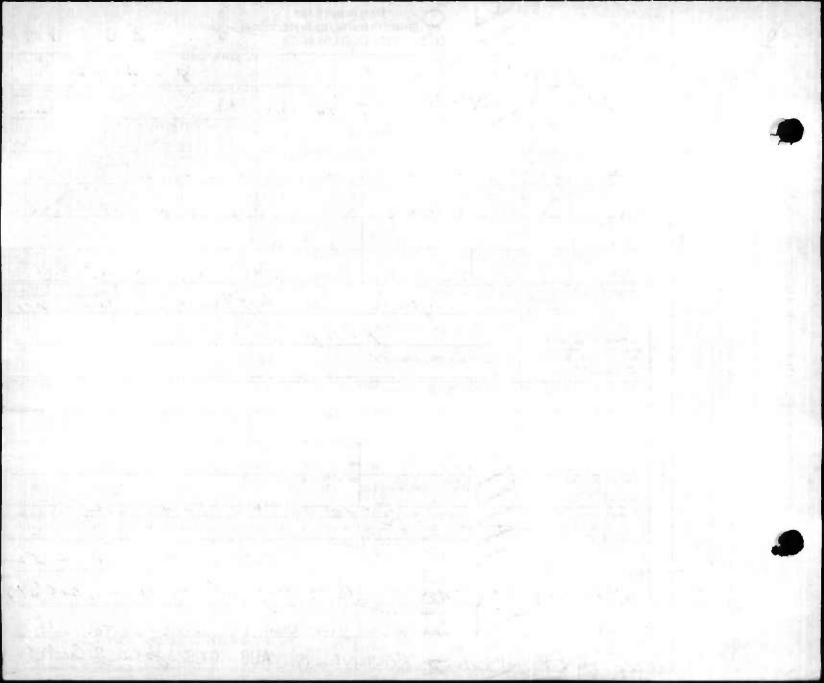
13	0	- 1	0	1
du	U	- 1	Q	7
100				

1	· STATE REGISTRAR			CERTIF	CATE OF DEATH	4	RI	G. NO.	کے ل		9 4
	CEASED NAME OR PRINT)	LOYD	BOSL	EY	ST	20	a DATE OF DEA	S -	4 -	82	2b. HOUR
3. SE		4. RACE W	4178	5. DATE O	DAY YE		AGE (IN YEARS L	AST BIRTHDAY	MONTHS YRS.	DAYS	IF UNDER 24 HRS. HOURS MIN
	RTHPLACE (STATE OR FOREI	U.S	WHAT COUNTRY?	8. MARRIED WIDOWE	D DIVORCE		Baltimorec	ITY OR CO	e Cit	У	MD.
	Balttimor	e reen wo	bod Acres	ADDRESS)	rother institutions.		TYPE OF WORK FOR	MOST OF WO	RKING LIFE) IND	CAP	Tel.
130. 5	Md.	OUNTY	GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIM YES NO [		STREET ADDI		stmins	ter	Pike.
1	Sameul	WIDDIE	Bos	ey	15 MOTHER'S MAID	h	MIE	DDLE		tAST	
	VAS DECEASED EVER IN YES, NO OR UNKNOWN) (18	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	212-05-C	0921	17. INFORMANT Reselin	Bosley	y 193	ADDRESS	12 W.	est.	Pike.
	PART I. DEATH WAS	Enter only one couse per CAUSED BY: MEDIATE CAUSE (a)	line for (o), (b), one	tu	cular	Ay	thun	6	11	APPROXIA IETWEEN O	MATE INTERVAL INSET AND DEATH
	Conditions, if ony, w gove rise to immed couse (o), stoting underlying couse	hich (b)	R AS A CONSEQUE		SHO						
NO	PART 2. OTHER SIGNIF	ICANT CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	IE TERMIN	AL DISEASE OR	CONDITIO	ON GIVEN IN I	PART 110	t,
CERTIFICATION	190. DATE OF OPERATIO	N 19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED		200 AUTOPSY YES NO	IN	LIF YES, WERE CERTIFYING O YES []		
MEDICAL CE	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EJTHER, NOTIFY MEDICAL E	SE OF DEATH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY C	OCCURRED	) (ENTER NATURE C	OF INJURY IN I	TEM 18, PART I OR	PART 2)	
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LATINGUE CT	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211. LOCATION STREET	az	CITY	OR TOWN	cou	INTY	STATE
	220.1 certify that (1) (the saw the deceased above, (1) (we) (did) 22b. SIGNATURE		A - 19		d that in (my) (our) o	pinion dec	, to <u>0</u> oth occurred on	the date o			
	22d. PHYSICIAN'S NAMI	SMW-	Ru	MD	ATTEND PHYSIC 22e, ADDRESS	DING CIAN TO	MEDICAL DIRECTOR P	STAFF HYSICIAN		8-	4-82
22 .	SHANK	AT YIL	HAM	14.05.05.05	1528 K	luig	with	un.	Drive	, %	alto, M
(	BURIAL, CREMATION, REA	MOVAL 236 DATE AUg. 6	1982 P	fasan	EMETERY OR CREMA	emi	1 7 7	(CO)	Balt	0.	Md.
J.	uneral director name ames B. E	Eckhardt	ADDRESS   11605   F	Reiste	rs two Rd	AU	G 919	82	& au	2 G	will

DHMH-16 60M 1/73 (VR A 15 (4))

retained by the hospital or attending physician.

TO HOSPITAL



V			STATE OF MARYLAND		
18	FOR - STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	0 1 9 0
3. \$	PECEASED NAME FIRST	MIDDLE	LAST		AY YEAR 2b. HOUR
69	WILLI		BOWMAN		02:45R
3. S	ex mad a / -	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
1	MALE	White	MAY 3 1937	45 YRS.	
170	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
11	IAShington N.L.	V.S.FI	WIDOWED DIVORCED	BALTIMORE CI	ry MD.
82	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION T ADDRESS)	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR
	BALTIMORE		PKINS HOSPITAL	SteAMFIFTER	
	STATE: TARK COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e_STREET_ADDRESS.	
9	Md. A.A.	lo DUNKI		369 FAIRHAU	PN RU 20754
BAN	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE A	-7() LAST
40	ALTON U	U. Bowma		DUFF	-7
160	WAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS	
1	NO	X19-26-	6510 Phyllis D	# 130	
	18 CAUSE OF DEATH (Enter of	inly one cause per line for (o), (b), a	nd (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (0) Card	ive arrest		15min.
	2050	DUE TO, OR AS A ODNSEQU	JENCE OF	0 0 -1	2 10
	Conditions, if ony, which	( 16) Mogn		& Jailure	2 weeks
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	101	Chu Th
	underlying couse last.	1 Heut	e myerocytie	leucem u	Surry
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART 11a
o NO					
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
				YES NO YES	
6/1 E	210. ACCIDENT WAS UNDERLYING	110.10 111 11011711 0	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT   OR PART 2)
1 8	OR CONTRIBUTING CAUSE OF DE	LAIN	19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
₹	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	CONTOR IONIA	STATE
		pital) attended the deceased fram.	19 8 2	-, to 8/12	9 82, that (1) we) last
	saw the deceased alive a	n 8/12 19 at 1 view the body after death.	ond that in (my) (aur) opinion	death occurred on the date and hour	and from the causes stated
	22b. SIGNATURE	off view the body offer death.	DEGREE		22c. DATE SIGNED
	Squalo	Markan	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	8/12/82
7	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	J. A.	10/1-/0-
5 /	EDUARDO	MARBAN	Interestor	pline Hospital	

234. NAME OF CEMETERY OR CREMATORY

23d LOCATION GAPSVII

3 1982

25a. DATE REC

Jan & Cohilly

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL

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23b. DATE

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	2	0	i	9	
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	STATE REGISTRAR		DEPARTM		FICATE OF DEATH	REG. N	0.	2 0 1	3 1
	ECEASED NAME FIRST PE OR PRINT)		MIDDLE	ī	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	VIRG	INIA		ВО	YLE	AUGUST	13	1982	07:55
3. St	EX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	Female	W	nite	Nov		63	YRS.	JA73	Mild.
70.1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN O	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
	Pennsylvania	US		WIDOWE	DIVORCED	BALTIMOR		TY	WE
10. 0	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126. KIND (	OF BUSINESS OR
	ALTIMOREX		OHNS HOP		HOSPITAL	School T	eache		A DE
13a.	UAL RESIDENCE (IF NURSING HOVE STATE		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	Pennsylvahia		Stewarts	town	YES K NO	21 Fulton	Avenu	ie	
94. F	FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME , MIDDLE		LA	ST
	Chester		seman		Mary		Simp1	Ler	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?			17. INFORMANT	ADDRI			Pa 17356
	No		722-16-1	.052	Burg Funeral	Home 134 W	. Bro		Red Lion
	Canditians, if any, which gave rise to immediate cause (a), stoting the	(b)_ DUE TO, (	DR AS A CONSEQUE		ovarian a	encer	. 1		
IFICATION	gave rise to immediate cause (a), stoting the underlying couse last.	(c)_ CONDITIONS:	DR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	20b. IF YE	S, WERE FINDI	NGS USED S OF DEATH?
DERTIFICATION	gave rise to immediate cause (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICAN	(c)	OR AS A CONSEQUE  CONTRIBUTING TO D  DITION FOR WHICH  OF INJURY	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	IN AL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YE IN CERTI	S, WERE FINDI IFYING CAUSE ES []	NGS USED
CERTIFI	gave rise to immediate cause (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	CONDITIONS:	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA	DEATH BUT  OPERATIO	NOT RELATED TO THE TERM	IN AL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YE IN CERTI	S, WERE FINDI IFYING CAUSE ES []	NGS USED S OF DEATH?
CERTIFI	gave rise to immediate cause (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b. CONITIONS:  19b. CONITIONS:  19b. TIME HOUR / FER)  21b. TIME 10c. PLACE	OR AS A CONSEQUE  ONTRIBUTING TO D  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  OF INJURY	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION	IN AL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b. IF YE IN CERTIN Y	S, WERE FIND IFYING CAUSE ES [] PART I ORPART 2)	NGS USED S OF DEATH? NO
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICAN'  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFEITHER, NOTIFY MEDICAL EXAMIN	19b. CONITIONS:  19b. CONITIONS:  19b. TIME HOUR / FER)  21b. TIME 10c. PLACE	OR AS A CONSEQUE CONTRIBUTING TO D  DITION FOR WHICH  OF INJURY  A.M. MONTH DA	DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURR	IN AL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)	20b. IF YE IN CERTIN Y	S, WERE FINDI IFYING CAUSE ES []	NGS USED S OF DEATH?
CERTIFI	gave rise to immediate cause (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICAN:  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED)	19b. CONDITIONS:	OR AS A CONSEQUE CONTRIBUTING TO D  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  TREET, FACTORY, OFFICE, FA	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  19  and that in (my) (aur) apinion of DEGREE	200 AUTOPSY?  YES NO SED (ENTER NATURE OF INJU  CITY OR TO	20b. IF YE IN CERTI Y RY IN ITEM 18	S, WERE FINDIFYING CAUSE: ES PART   ORPART 2)  COUNTY . 19 Ur and from the	NGS USED S OF DEATH? NO STATE
CERTIFI	gave rise to immediate cause (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHERNOLOGY ALL WORK  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMING AT WORK NOT WHILE ALL WORK  22a.1 certify that (1) (this has sow the deceased live above, (1) (we) (did Adia)	19b. CONDITIONS (  19b. CONDITIO	OR AS A CONSEQUE CONTRIBUTING TO D  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  TREET, FACTORY, OFFICE, FA	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  19  nd that in (my) (aur) apinion of	IN AL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death occurred on the di	20b. IF YE IN CERTI Y RY IN ITEM 18	S, WERE FINDIFYING CAUSE: ES PART   ORPART 2)  COUNTY . 19 Ur and from the	NGS USED S OF DEATH? NO  STATE  what (I) (we) lost of causes stated
CERTIFI	gave rise to immediate cause (a), stoting the underlying couse last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING AUSCOPE (IF EITHER, NOTIFY MEDICAL EXAMINATION AT WHILE AT WORK AT WORK AT WORK AT WORK OF CONTRIBUTION AT WORK OF CONTRIBUTION AT WORK OF CONTRIBUTION AT WORK AT W	19b. CONDITIONS:  19b. CONDITIONS:  19b. CONDITIONS:  21b. TIME HOUR  AT HOME. S  pital) attended on the condition of the con	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA D.M. E OF INJURY TREET, FACTORY, OFFICE, FA The deceased from 19 y after death.	OPERATIO  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  19  20  Add that in (my) (aur) apinion of the company	IN AL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death occurred on the di	20b. IF YE IN CERTI Y RY IN ITEM 18	S, WERE FINDIFYING CAUSE: ES PART   ORPART 2)  COUNTY . 19 Ur and from the	NGS USED S OF DEATH? NO   STATE  That (I) (we) lost c causes stated

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page	
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ATTE	chite
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#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIODLE 20. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) imes 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) MONTH MONTHS HETATE OR FOREACH 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 CHY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? NO IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for APPROXIMATE INTER , (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o aftending emotion, Conditions, if ony, which gove rise to immediate couse (o), stoting other DUE TO, OR AS A CONSEQUENCE OF 5 underlying couse lost. paubis plea ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION pee 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? d hos IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) vriol-tron tental Hy $\infty$ HOUR A.M. MONTH DAY YEAR buriol-tre Mental h OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 20 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR , and that in (my) (out) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on. obove, (1) (mer (did) (did not) view the body ofter death. be detoched the Stote Dept. 22b. SIGNATUR DEGREE 22c. DATE SIGNED ± MEDICAL ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [ O FUNERAL MPORTANT: etained by 22d. PHYSICIAN 22e ADDRESS ld b with w 73e BUS 23h. DATE REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BP. 250. DATE REC'D. BY REGISTRAR 25b. DHMH - 16 60M 7/73 (VRA 15(4))

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executed within 24

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and campletely should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN. The law requires that the death certificate

FOR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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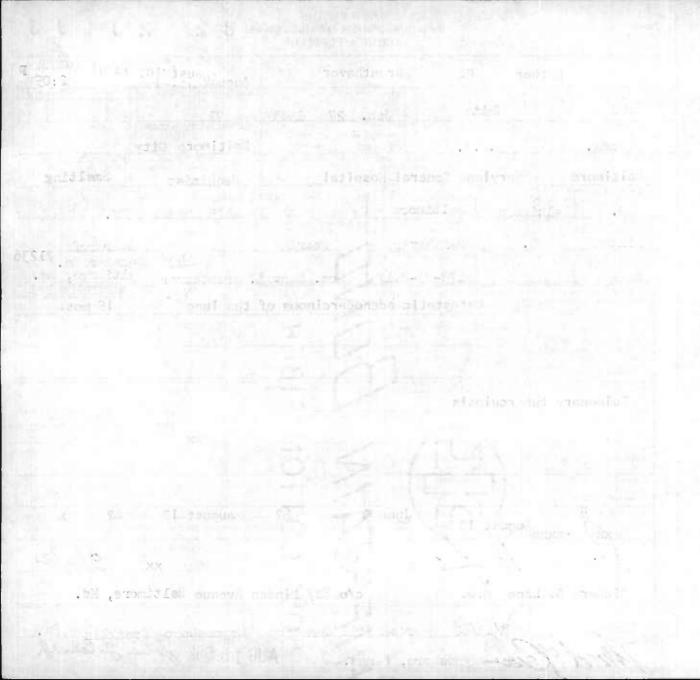
	REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
	CEASED NAME OR PRINT)	Luther	MIDDLE .	Bran	thaver	20 DATE OF DEATH  August 10		YEAR	26 HOUR 2:05
3 SEX	Male	4 RACE	ite	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
C	RTHPLACE (STATE OR OUNTRY)  Penna.  IY OR TOWN OF DE	U.S	F WHAT COUNTRY?	8 MARRIE WIDOWE	D X NEVER MARRIED	Baltimore City C	City		N
	Baltimore	e Mary l	and Gener	al Ho		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Machinis	OF WORKING LIFE	INDUSTRY Sme	of BUSINESS C Lting
13a. S1	IL RESIDENCE OF NUM	Baltimore	136. CITY OR TOW Baltimo	/N	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS	nezer	Rd.	
	Milton	MIDDLE	Branthay		Pearl  IT INFORMANT	ME MIDDLE	TEC.	Deardro	ff
	no or unknown)	(IF YES, GIVE WAR OR DATES)	173-03-			Т. Branthay	77	enezer altimor	Rd. Md.
NOI		which mediate and the lost. (b) DUE TO, (c)	CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	0'
CERTIFICATION	190 DATE OF OPERA	TION 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	ING CAUSES	NGS USED OF DEATH?
CAL	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MED) 210. INJURY OCCUR	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH D. P.M. E OF INJURY	AY YEAR			RY IN ITEM IB PA	RT ) OR PART 2)	
	WHILE NOT WE	THE THOME	TION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS, IN CERTIFYING CAUSES OF IN CERTIFYING CAUSES	STATE					
	220.1 certify that XII	(this haspital) attended	the deceased fram_	June 1	9 , 19 82 and that in (my) (aur) opinian	to august	10 1	9.82	that XI) (we) le

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician.

Maynesboro, Penna.

Cemetery Waynesho 250 DATE RECD. 87 REGISTRAR 11 JEGISTRAR 11 JEGISTRAR 11 JEGISTRAR 11 JEGISTRAR 11 JEGISTRAR 11 JEGISTRAR 12 JEGISTRA



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	1.	STATE REGISTRAR		CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 1							9 4	
		CEASED NAME FIRST		MIDDLE	LA		_	2a DATE OF				26 HOUR
9		Jero		Emerson		Brant:	ley			3 1'		
(a d	3. SE		4. RACE		5 DATE OF	DAY	YEAR	6. AGE (INY	EARS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 HR
WILL	20.0	Male RTHPLACE (STATE OR FOREIGN		Black	. 4	12	1941	D DAITIMO	41 RECITY OR C	YRS	NE DEATH	
-35		country)		S. A.		NEVER MA			imore			ol and
17		TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL NURSIN	WIDOWED		ORCED		OCCUPATION			F BUSINESS C
46	Ba	Ltimore	(IF NOT	IN SUCH FACILITY, GIVE STREET A	(DDRESS)			${f Floor}$	Mana,	ger	Food.	-A-Rar
201	USU.	AL RESIDENCE (IF NURSING HOME) TATE	OR OTHER INSTIT	UTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CIT	V I IAA ITCO	12. CIDEET	ADDRES 240	05 S	t. St	ephen
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-	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S		ΛE	MIDDLE		LAST	
		Willie		Brantle	у		trude				Emer	
medical	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORC		RITY NO.	17. INFORMAN	TApt.	$2C_{Ba}$	1 toress	Md.	2121	6
e a		res, no or unknown) (if yes, (		240-62-	7687	irs. L	orrai	ne Br	antle:	y 24		
aval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	anly ane caus	se per fine far (a), (b), and	Ich.		7	1 1-		lan	BETIVEEN C	NATE INTERVAL
eve			ATE CAUSE (		MIL	L C	Mul	no	me	IPD	S IL LE	0 20
i or		7207	DUE T	O, OR AS A CONSEQUE	NCE OF	4		- Pl	0			
ption		Conditions, if any, which gove rise to immediate	(	b)	310	ro . A	1	9-1	1	`		
remo		cause (a), stating the	DUET	O, OR AS A CONSEQUE	NCE DEL	/	7				100	
ol, c		underlying cause last	(	c)	4 41	ino	V "					
buri.	7	PART 2 OTHER SIGNIFICAN	CONDITION	NS CONTRIBUTING TO D	EATH BUT N	OT RELATED T	O THE TERM	INAL DISE	OR CONDITI	ON GIVEN	V IN PART To	
or to	Ē			Long	Trin	2 We	NE	1	m n	-		
s on	CERTIFICATION	19a DATE OF OPERATION	19b C	ONDITION FOR WHICH	OPERATION	WAS PERFOR	MED	784 ALITO	3P5 97 20	Ib. IF YES, Y	WERE FINDIN	GS USED OF DEATH?
Shaw	Ē							Y65 [_]	NO	YES		NO 🗆
18 S	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		ME OF INJURY IR A.M. MONTH DA	Y YEAR	21c. HOW INJU	URY OCCURR	ED (ENTERNA	TURE OF INJURY IN	ITEM 18 PAR	T 1 OR PART 2)	
tem tem	S	(IF EITHER NOTIFY MEDICAL EXAMIN	EMIII	P.M.	19							
d M d A	MEDICAL	21d INJURY OCCURRED		ACE OF INJURY ME, STREET, FACTORY, OFFICE, FA	IRM FTC )	21f LOCATION	7		CITY OR TOWN		COUNTY	STATE
h and	2	AT WORK AT WORK	1,	The street, street, or the street, the	(107), 670 )							
s ma		22a.l certify that (1) (this has	pital) attend	ed the deceased fram_			, 19	, ta		, 19		hat (I) (we) la
21 i		saw the deceased alive of abave, (1) (we) (did) (did	in	bad afferbleath	2, and	that in (my) (c	aur) apinian d	death accurre	d an the date	and haur o	and fram the c	auses stated
ept.		22L SIGNATURE	/ 1		D	EGREE		/			77c DATE :	SIGNED
ĕ □ ±		Ke	100	NV X		A.T.	TENDING HYSICIAN	DIRECTOR	STAFF	. 🗆		
State	1	22d. PHYSICIAN'S NAME (TYPI				22e. ADDRESS		0	0 10	1	-	
MAPORTANT:		Ritad	-12	busy		2_	100 i	rul	2 K	D	2	1210
¥ ×	23a. F	URIAL, CREMATION, REMOVA	L 23b. DA1	TE & 23c N	AME OF CF	METERY OR CR	REMATORY	123d LOCA	TION			
		Burial		385		Hill C		C 1934	00 :	unde	T Co.	Marvi
NA 1 / 01	24. FI	INERAL DIRECTOR BALL	TILANIA	AD IA	1/ 5	1716			EGISTRAR 25b			
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	ATTENDING PHYSICIAN. The law requires that the death certilicate be executed within 24 houri expital or attending physician.
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7	FOR	DED A DESIGNATION OF SIGNATURE AND SECURIT AS A STATE OF SIGNATURE AS A STATE
2   1	- STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 1
	ECEASED NAME FIRST	(Breeden)
1.5	SEX JUTILE 9	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR
1	FEMALE	BLACK 3 26 9/ 9/ YRS. MONTHS DAYS
23	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED   NEVERMARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED   BALTIMORE CITY OR COUNTY OF DEATH
16	CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF HOT IN SUCH FACILITY GIVE STREET, ADDRESS).  120. USUAL OCCUPATION (IT YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	UAL RESIDENCE (IF NURSING HOM	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 134, CITY OR TOWN 134 INSIDE CITY LIMITS? 138, STREET ADDRESS
20	A O FATHER'S NAME	BACTINORY YES NO 1501 NOUKE 2AND S
00	Ünkn.	MIDDLE LAST UNKN. MIDDLE LAST
160	WAS DECEASED EVER IN U.S.	SE COVE WAR OR DATES
/ _	No	Willis Johnson 1805 Lakeview Avenue
	PART I. DEATH WAS CAL	DUE TO, OR AS A CONSEQUENCE OF COTIC Heart disease  DUE TO, OR AS A CONSEQUENCE OF COTIC Heart disease  DUE TO, OR AS A CONSEQUENCE OF COTIC HEART DISEASE  DUE TO, OR AS A CONSEQUENCE OF COTIC HEART DISEASE
HCATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF COTIC Heast disease  DUE TO, OR AS A CONSEQUENCE OF Mellitus  (c) DUE TO, OR AS A CONSEQUENCE OF Mellitus
SERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF  (b) ATTHER SECONDIC HEAST CUSCASE  DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (e) DUE TO, OR AS A CONSEQUENCE OF  (c) DUE TO, OR AS A CONSEQUENCE OF  (d) DUE TO, OR AS A CONSEQUENCE OF  (e)
CAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF  (b) HOLD CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (or PART 1) OF DEATH  191/ CONDITION FOR WHICH OPERATION WAS PERFORMED  200/ AUTOPSY?  191/ CONDITION FOR WHICH OPERATION WAS PERFORMED  200/ AUTOPSY?  YES NOW  YES NOW  YES NOW  YES NOW  191/ CHARLES OF INJURY  HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
MEDICAL CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM.)  21d INJURY OCCURRED	DUE TO, OR AS A CONSEQUENCE OF  (b)
	Conditions, if any, which gave rise to immediate cause (a1), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE  (d)  DUE TO, OR AS
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this he saw the deceased alive	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR
MEDICAL	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this he saw the deceased alive	DUE TO, OR AS A CONSEQUENCE OF  (b)
MEDICAL	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM  22a. I certify that (1) (this has saw the deceased alive above. (1) (we) (did) (di	DUE TO, OR AS A CONSEQUENCE OF  (b)
MEDICAL	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK 22a. I certify that (I) (this he saw the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	DUE TO, OR AS A CONSEQUENCE OF  (b)

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## STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

O	- 4	-
	REG.	NO.

REGISTRAR				CLICITA	ICAIL OI DEATH		REC	G. NO.	-		
DECEASED NAME	FIRST		MIDDLE	-	LAST	20 D	ATE OF DEAT	H MONTH	DAY YE	AR	2b. HOUR
	THUR		W. (B.)	13	Reweiz			8 -	12-8	2	1:29 P
1. SEX		4 RACE		5 DATE O		6. AG	E (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1		IF UNDER 24 HRS
Male		White		Nov.	11, 196	8	73	YRS		DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BA	LTIMORE CIT	TY OR COUN	ITY OF DEAT	Н	
Virginia	1	United	States	WIDOW		1 17	altimo	re Ci	ty		м
10. CITY OR TOWN OF DE				NG HOME	OR OTHER INSTITUTION	N 120. L	SUAL OCCU				F BUSINESS OF
Baltimore,		Balti	more Cit		spital		avern-	ost of working Owner		ave:	rn
USUAL RESIDENCE (IF NUE 130 STATE Maryland	13b. COUP		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltimo	VN	13d. INSIDE CITY LIMI		TREET ADDRE	Dell A	l ve		
14. FATHER'S NAME	1		Duzoza	01.0	15. MOTHER'S MAIDE		000 0	DELT N	146.		
FIRST		MIDDLE	LAST		FIRST		MIDD		0	LASI	
Charles		m COOCECO	Brewer	I DATA NA	Susie	1	E.	DDRESS	7 ur	ıkn	own
(YES, NO OR UNKNOWN)		/E WAR OR DATES)	16b SOCIAL SECT		17 INFORMANT						
NO	-		216-18-	4287	Martha	Foster	411	S. Co	llingt	ton	Ave.
	mediate ng the e lost.	(c)_	R AS A CONSEOU		NOT RELATED TO THE	E TERMINAL D	DISEASE OR (	ONDITION	GIVEN IN PA	RT 1(c	93
NO.											
19a DATE OF OPERA	MOITA	19b. COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CER	YES, WERE FI STIFYING CAI YES		
00.0001701017010	CAUSE OF DEA	ATH	M. MONTH D	AY YEAR	21c. HOW INJURY O	CCURRED (E	NTER NATURE OF	INJURY IN ITEM ?	B, PART 1 OR PAR	RT 2)	
(IF EITHER NOTIFY MED  21d INJURY OCCUP  WHILE NOT WAT WORK AT WORK	HILE	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET		CITY	ORTOWN	COUNT	ΓY	STATE
220. I certify that (I saw the decea abave D(we) 22b. SIGNATURE		ital) attended the	A April		nd that in (my) (aur) ap	SZ, to pinion death o	occurred on the	ne date and h		n the c	SIGNED
Kichei	rd,	M. 1/2	teda, 1	MI	ATTENDI PHYSICI		CTOR PH	STAFF YSICIAN 😿	/ 8	1/15	5/8-5
RICHARD	M	· HOD	ES, M	5	BAL time.	Le Ci	ty t	403717	AL		

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

Lilly & Zeiler Inc.

Burial

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

ADDRESS

23b. DATE 8-20-82

1901 Eastern Ave.

Mt. Olivet Cemetery

23d LOCATION
Baltimore City COUNTY Maryland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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Lilly & Joils Inc. 1901 Waskern Ave.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havin offer death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely illied this title function disconding be detached for use as the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 should be liked within 7 hours other with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, ar remayal.

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MPORTANT:

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS I. DOROTHY BRICE 4 RACE 3. SEX S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 19 31 62 Female Black TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIEDE NEVER MARRIED COUNTRY BALTIMORE CITY USA Wash. D. C. DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTO. CTTY THE UNION MEMORIAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e1624 N. Durham St. Baltimore Maryland NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ferguson Maggie Eason 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Alfonso Brice 1624 N. Durham Street 220-24-6770 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 2 minutes Stoke MAMEDIATE CAUSE AS A CONSEQUENCE OF Spira fora Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED ATURE OF MUURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CAL (IF EITHER NOTIFY MEDICAL EXAMINER) MEDI 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE WHILE NOT WHILE 22a.1 certify that (this haspital) attended the deceased from sow the deceased alive on\_ ., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) CITY OF TOWN STATE BURTAL Eastview Mem MD 24 FUNERAL DIRECTOR

C.March f/H 1101 E.North avenue

DHMH - 16 50M 1/B1 (VRA 15, 4)

LUB S D CHE P Land D Coming

FOR

- STATE

REGISTRAR

DECEASED NAME

innie 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A Baltimore WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE NONE SBGHS Housewite TO STATE 13b COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Tack Place Maryland YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Deflant parrel Hauden ACCORDING TO THE 7878C 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) LIF YES, GIVE WAR OR OATEST Magothy Blvd. no 234-05-7592 Lewis Harold Brison 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH - (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK the lectify that (this haspital) attended the deceased from 300 years (we) (did) (this haspital) attended the deceased from 300 years (we) (did) (this haspital) attended the deceased from 300 years (we) (did) (this haspital) attended the deceased from 300 years (this haspital) attended to 300 years (this haspital) attended the deceased from 300 years (this haspital) attended the deceased from 300 yea ond that in (our) opinion death occurred of the date and hour and from the couses stated DEGREE 22c DATE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN CRTAN 22e ADDRESS 9 4 230 BURIAL CREMATION, REMO 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Security Process. Inc remation atonsville. DHMH - 16 50M 1/81 (VRA 15, 4) ully Funeral Home Patapsco ave.

STATE OF MARYLAND

CERTIFICATE OF DEATH

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5)

REG. NO

2b HOUR

2a. DATE OF DEATH

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MARYLAND 21201	
BALTIMORE	
PRESTON ST.	
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RECORDS, 2	
OF VITAL	
DIVISION	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔠 - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH DECEASED NAME 26 HOUR STYPE OR PRINTS LOG An BRIII 1051 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX YEAR 873/1928 Black Male 54 To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Ashville N.C. Baltimore City WIDOWED [ ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR THE ON BOUTE OF WORKING LINDUSTRY Baltimore City Hospital Baltimore YES NO T Md. 3332 Woodland Ave. 21215 Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME  $Unknow \overset{\text{\tiny MIDDLE}}{n}$ MIDDLE Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) Bettie Truesdale, 3332 Woodland Ave. 242-48-9738 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE as a consequence of CAUCER Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 Phelimon, A 190. DATE OF OPERATION 10m AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IE FITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated saw the deceased alive an abave, (1) (we) (did) (did nat) view the bady after death DEGREE ATTENDING MEDICAL

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

the burial-transit and Mental Hygie

24 FUNERAL DIRECTOR Law Funeral Home 4611 Park Heights Ave.

CHARLES VAN HOUK M.D.

8/28/82

23b. DATE

230. BURIAL, CREMATION, REMOVAL

Burial

East View Mem Pk

Baltimore, Md

STATE

BATIMORE CITY HOSPITAL

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				AND MENTAL HYC				
1.	FOR	DEP	ARTMENT OF HEALTH		IENE 8 2	2	0 2	UU
-	REGISTRAR		CERTIFICATE	OF DEATH	REG. N	10.		
	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH		AY YEAR	2b. HOUR
TITPE	Francis	X	Brooks		Augus	1 3 10	782	.700p
SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HR
	Mala	Block	MONTH	4 20	GI		ONIHS DAYS	HOURS MIN
W 3	RTHPLACE (STATE OR FOREIGN	L CITIZEN OF WHAT COUN	ITRY? 8		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
(	COUNTRY	()SA	MARRIED M N	EVER MARRIED	Reld	-	0	
0. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWED []	DIVORCED	120 USUAL OCCUPA	MON.	TIZE POUD OF	BUSINESS C
C	2 11 -	IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	1 1	(TYPE OF WORK FOR MOST		INDUSTRY	
J.	AL RESIDENCE (IF NURSING HOME OF	University Gt	1/257(QL)	tos Oital	Clerk	· · ·	Vetero	7
3a S	TATE 136 COUN	TY 13c. CITY OR		SIDE CITY LIMITS?	13e. STREET ADDRESS	Baltin	nore, M	d. 21
	langland	Balt	more YES		1950 C	Valbro	ok. Ave	- 1
+ FA	THER'S NAME	AIDDLE LAS		THER'S MAIDEN NAM	WE		LAST	
	Edward	The second secon	ooks	Delphine			Brook	2.0.0
	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL			imore, ADD			21217
U.	Yes. WW		4-3511 Mrs	. Louise	M. Brook	ks 195	00 Wal	brook
	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONS	SEOUENCE OF					
NON	gove rise to immediate couse Io1, stating the underlying couse Iost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	SEQUENCE OF					
THEATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	SEOUENCE OF		INAL DISEASE OR CON  280 AUTOPSY?  YES □ NO™	20b. 1F YES,	WERE FINDING	GS USED
5211	gove rise to immediate couse oil stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR AS A CONS  (c)  ONDITIONS CONTRIBUTING  196 CONDITION FOR W.  Color  216. Time of injury	SEQUENCE OF  G TO DEATH BUT NOT RE  WHICH OPERATION WAS I	PERFORMED	200 AUTOPSY?	20b. 1F YES, IN CERTIFY YES	WERE FINDING	GS USED OF DEATH?
2011	gove rise to immediate couse   oil stating the underlying couse   lost.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  6/25/82  21a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEAT	DUE TO, OR AS A CONS  (c)  ONDITIONS CONTRIBUTING  196 CONDITION FOR W  COLOR  216. TIME OF INJURY HOUR A.M. MONTH	SEQUENCE OF  G TO DEATH BUT NOT RE  WHICH OPERATION WAS I  CONCRE  1 DAY YEAR 19 211. LO	PERFORMED	200 AUTOPSY?  YES NO S	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING	GS USED OF DEATH?
2011	gove rise to immediate couse   oi, stating the underlying couse   lost.  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION	DUE TO, OR AS A CONS  (c)  ONDITIONS CONTRIBUTING  196 CONDITION FOR W.  COLOR  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY [AT HOME STREET FACTORY, O	SEQUENCE OF  G TO DEATH BUT NOT RE  THICH OPERATION WAS I  COINC &C  H DAY YEAR  19  211. LO  FFICE FARM ETC)  231. LO	PERFORMED  OW INJURY OCCURR  OCATION  STREET	280 AUTOPSY? YES NO SED (ENTER NATURE OF IN) CITY OR TO	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDINI ING CAUSES ( INT I OR PART 2)  COUNTY	GS USED DF DEATH? NO
2011	gove rise to immediate couse ioi, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C  190 DATE OF OPERATION  GAS 82  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHAT WORK  220.1 certify that (I) (this hospit sow the decedied alive on	DUE TO, OR AS A CONS  (c)  ONDITIONS CONTRIBUTING  19b. CONDITION FOR W.  COLOR  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY LAT HOME STREET FACTORY, O	SEQUENCE OF  G TO DEATH BUT NOT RE  THICH OPERATION WAS I  COINC &C  H DAY YEAR  19  211. LO  FFICE FARM ETC)  231. LO	PERFORMED  OW INJURY OCCURR  OCATION  STREET	200 AUTOPSY?  YES NO SED (ENTER NATURE OF IN)	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDINI ING CAUSES ( INT I OR PART 2)  COUNTY	GS USED DF DEATH? NO
2011	gove rise to immediate couse ioi, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C  190 DATE OF OPERATION  GAS 82  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHAT WORK  220.1 certify that (I) (this hospit sow the decented alive on	DUE TO, OR AS A CONS  (c)  ONDITIONS CONTRIBUTING  196 CONDITION FOR W.  COLOR  216. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY [AT HOME STREET FACTORY, O	SEQUENCE OF  G TO DEATH BUT NOT RE  THICH OPERATION WAS I  COINC &C  H DAY YEAR  19  211. LO  FFICE FARM ETC)  231. LO	DERFORMED  OW INJURY OCCURR  OCATION  STREET  O Opinion of	200 AUTOPSY?  YES NO SED (ENTER NATURE OF IN)  CITY OR TO  death occurred on the company of the	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDINI ING CAUSES ( INT I OR PART 2)  COUNTY	GS USED DF DEATH? NO  STATE
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(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and o should be detacked for use as the burial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN, The low

MPORTANT. If Ben 21 is marked or Bent 18 shaws any injury, or other traumatic event,

ke it is an interest of a second of the seco 

	1.	FOR - STATE REGISTRAR	DEI	PARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE 8 2 REG. NO.	202	5 0 1
	(TYP)	CEASED NAME FIRST CATHERIZ		BR	OSENNE		8-4-82	820p
1	3. SE	Female	White	S. DATE (	ril 4, 1894	6 AGE (IN YEARS LAST BIRTHD	MONTHS DATE	
20	Maj	RTHPLACE (STATE OR FOREIGN COUNTRY)  TYLEND	76 CITIZEN OF WHAT COUL	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY OR C		M
10	Be.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N. LENOT IN SUCH FACILITY, GIVE	edicA	Center INSTITUTION	12ª USUAL OCCUPATION RETIRED CLERK		O OF BUSINESS OF
35	Me	aryland	OR OTHER INSTITUTION GIVE RESIDENCE LINTY OF THE PRINT E	E BEFORE ADMISSION) R IOWN B burg	13d. INSIDE CITY LIMITS? YES NO	17041 Bull P	Frog Road	21727
00		Late FIRST Christia	n P Brosenne A	51	15 MOTHER'S MAIDEN NA	largaret MIDDLE		LAST
2		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN] (IF YES, O		36 2255	Mr MartyBro	ADDRESS DSenne 17041	Bull Frog	Road
cyclut, i		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	140	the same of the sa	in preu	moner.		OXIMATE INTERVAL EN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON  DUE TO, OR AS A CON		ve Heart	tailare, C	line >	leaus.
20.0	NOI		T CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONDIT	ION GIVEN IN PART	reaus.
2	FICAT	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 21	Ob. IF YES, WERE FINING CAUS	DINGS USED SES OF DEATH?
9	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E		H DAY YEAR	21c. HOW INJURY OCCUR			
1	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, C	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		saw the deceased alive of	spital) attended the deceased an view the bady after death.	1 2	nd that in <del>(my)</del> (our) opinion	, ta, death occurred an the date	and hour and from t	h, that (i (we) las he causes stated
		22b SIGNATURE	Gladu	- 71.	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	_ ^	TE SIGNED
1		224 PHYSICIAN'S NAME (TYPE	E OR PRINT)		22e ADDRESS			
	23a. E	BURIAL, CREMATION, REMOVA	Aug 6, 1982		EMETERY OR CREMATORY  is Cemetery	23d LOCATION CITY OF TOWN Clarksvii	county M	arvland

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR
Harry H Witzke 4112 ColumbiaRd Ellicott City

23d LOCATION
CITY OR TOWN
CLARKS VILLE
COUNTY
CLARKS VILLE
COUNTY
CLARKS VILLE
COUNTY
COUNTY 23c. NAME OF CEMETERY OR CREMATORY
St Louis Cemetery

Carlotte Car to the Malter Agent , 1894 of the A. 147 Sept. 1983 The court of the state of the court of the court of the court of TEMMS had not that that any grounding built ore 21.5 gi 2257 | Mr Yar , Brokende 110611 Bull Fung Road The state of the said of the and the way the fall of the said of the and the second s Printed Aug of 1922 and Company Claresty Claresty Maryland

William of the Columnian Militagest City of the State of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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AUG 1 5 1982

20202

	REGISTRAR			CERTIFICAT	E OF DEATH	REG. 1	10.		
(TYPE O	EASED NAM	BABY	GIRL	BROW	N	20 DATE OF DEATH AUGUST		1982	26. HOUR 8:35
3. SEX			1. RACE	5 DATE OF BIRT	H DAY YEAR	6. AGE (IN YEARS LAST B	IRTHDAY	MONTHS DAYS	IF UNDER 24 I
The second second	EMALE		BLACK	AUG	03 1982		YR		
	THPLACE (S		76 CITIZEN OF WHAT COUNTRY?	MARRIED   I	NEVER MARRIED X	9. BALTIMORE CITY BALTIMO			
вА	Y OR TOWN	DRE	JOHNS HOPKI	ÑS HOSP		12a USUAL OCCUPA (TYPE OF WORK FOR MOST		G LIFE) 12b. KIND C INDUSTRY	F BUSINES
MAR	YLANI	ANNE	OTHER INSTITUTION GIVE RESIDENCE BEFOR TY 13c. CTTY OR TOW ARUNDEL ANNA	APOLISYES	NO □	13e STREET ADDRESS 544 2nd		EET	
II4 FATE	HER'S NAME FIRST		AIDDLE LAST	15. M	OTHER'S MAIDEN NA/	AE MIDDLE		LAS	ī
	HENE	DEVER IN U.S. ARA	BROWN MED FORCES? 166, SOCIAL SECU		FLORA	ADDE		DORSE	Y
	cause (a), underlying		DUE TO, OR AS A CONSEOU  (c)  ONDITIONS CONTRIBUTING TO		ELATED TO THE TERM	INAL DISEASE OR COM	NDITION	GIVEN IN PART 110	
RTIFIC		OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY? YES NO		YES, WERE FINDIN RTIFYING CAUSES YES []	
7	OR CONTRIBUTI	WAS UNDERLYING DEA!  NG CAUSE OF DEA!  TIFY MEDICAL EXAMINER)	P.M.	AY YEAR	IOW INJURY OCCURR	ED (ENTER NATURE OF W)	JRY IN ITEM	IB PART I OR PART 2)	
	WHILE TWORK	MCT WHILE	THE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)		OCATION STREET	CITY OR T	OWN	COUNTY	STAT
	saw the	deceased alive on . (we) (and relid not	wew the body after death.	ond that		eath occurred on the c	late and l		
2	2d. PH 900	WEDLAME THIS		127e A	ATTENDING PHYSICIAN [	MEDICAL STA	CIANT	) 9	3
		tact	dos		of Hop	Licus		1(09)	
230 BUI	RIAL, CREMA	TION, REMOVAL	13h DATE // 23c.1	NAME OF CEMETE	RY OR CREMATOR	23d. LOCATION		COUNTY	STA

ADDRESS

DHMH - 16 50M 1/81 (VRA 15, 4)

NAME

BP.

TO FUNERAL DIRECTOR: After this certificate has been uganed by the attending in should be detached for use as the burial-transit permit. Then please empty carbon with the State Dept. of Health and Mental Hygiene prior to be used, estimation, as remaining.

retained by the hospital or attending physician.

THE COLUMN DIDAYS AND THE PARTY OF THE PROPERTY OF THE PARTY O man to the Thirty of the State of the Comment

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH DAY YEAR 25. HOUR  AUGUST 18 1982 09:308  6. AGE (IN YEARS LAST BIRTHBAY) IF UNDER LYEAR IF UNDER 24 HIS.
MONTHS DAYS HOURS MIN.
74 YRS
9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH
BALTIMORE CITY MD.
12a USUAL OCC. PATION 12b. KIND OF BUSINESS OR
(TITE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
13. STREET ADDRESS 1030 N Luzerne Avenue
ME MIDDLE LAST
V.
ADDRESS
pencer 1030 Luzerne Avenue
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
est 3 min
INAL DISEASE OF CONDITION GIVEN IN PART LIG
INAL DISEASE OR CONDITION GIVEN IN PART 1101
200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
200 AUTOPSY?   206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO
200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
200 AUTOPSY?   206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO
200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
200 AUTOPSY?   206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO   NO    RED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)
200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  CITY OR TOWN COUNTY STATE  TO BE 1852 19 that (1) (we) lost death occurred on the date and hour and from the causes stated
200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  TO ST
200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO CERTIFYING CAUSES OF DEATH?  YES NO COUNTY STATE  CITY OR TOWN COUNTY STATE  COUNTY STATE  COUNTY STATE  200 AUTOPSY?  A S P. COUNTY STATE  COUNTY STATE  210 B 18 52 19 that (I) (we) lost death occurred on the date and hour and from the causes stated  MEDICAL STAFF
200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO CERTIFYING CAUSES OF DEATH?  YES NO COUNTY STATE  CITY OR TOWN COUNTY STATE  COUNTY STATE  COUNTY STATE  200 AUTOPSY?  A S P. COUNTY STATE  COUNTY STATE  210 B 18 52 19 that (I) (we) lost death occurred on the date and hour and from the causes stated  MEDICAL STAFF
200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO CERTIFYING CAUSES OF DEATH?  YES NO COUNTY STATE  CITY OR TOWN COUNTY STATE  COUNTY STATE  COUNTY STATE  200 AUTOPSY?  A S P. COUNTY STATE  COUNTY STATE  210 B 18 52 19 that (I) (we) lost death occurred on the date and hour and from the causes stated  MEDICAL STAFF
1

Wm. C.March F/H 1101 E.North Avenue

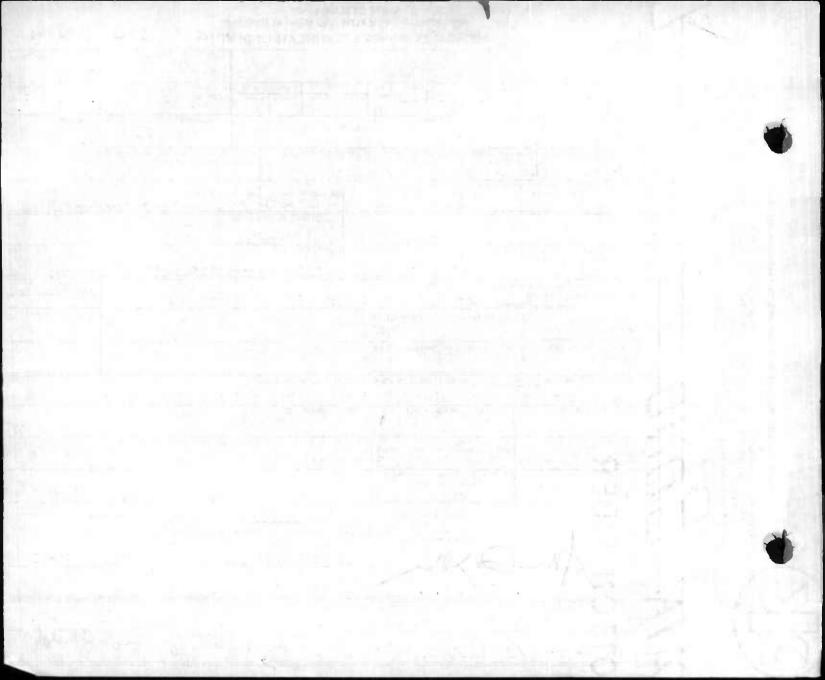
DHMH - 16 50M 1/81 (VRA 15, 4)

20M 4/82

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIE	
MEDICAL EXAMINER'S CERTIFICATE OF DE	ATH 4

9	0	3	0	1
REG. NO.	J	6.40	0	-

Joseph   Brown   Brown   Joseph   Brown   Brown   Joseph   Brown   Brow	R	REGISTRAR		MEDICAL	EXAMINER		CATE OF	DEMIH	REG. NO.	67.40	
SET			FIRST	MIDDLE		LAST		2a. DATE KN	IOWN X M	ONTH DAY	YEAR
BACK   BACK   DATE OF BIRTH   DATE OF BIRTH   DATE   STATE   DATE   D	litre	ORPRINT	Joseph			Brown				8 15	1982
The particular content of death   The particular country   The partic	3. SEX	4 RACE	5. DATE OF B			IF UNDER 1 YR.					
To BRITHACE ISMALON   To COUNTRY   TO COUN	Ma.	le Bla	ck 3			MONTHS DAYS	HOURS M		ED	8 15	1982
S.C. USA WIDOWED DOWNCED Baltimore City, 10 city or fown of Death 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 178 USUAL OCCUPATION (THY OF WOR) 179. KIND OF BUSING BALTIMORE MANAGEMENT OF THE RESTRICTION 178 COMMON (M) 179. KIND OF BUSING CONTROL (M) 179. KIND OF BUSING CON	7a. BIR	THPLACE ISTATE OR	76. CITIZEN C	OF WHAT COUN	VTRY? 8	MARRIED   NE	VED MARRIED	9. BALTIMO	RE CITY OR C	OUNTY OF	DEATH
Baltimore    South Assumption of Chief Post Michael State   South Assump	FOR	S.C		USA					Itimore	e City	,
STATE   TOTAL			(IF NOT IN S	SUCH FACILITY, GIVE S	TREET ADDRESS)		JTION 12	FOR MOST OF WORKIN	TION (TYPE OF V		
STATE   STAT						pilai					
A PRODUCTION OF THE STANDE STANDE AND STANDE		ATE 13	COUNTY	13c CITY	ORTOWN	1.5 - 1.1.1.1.1.1					
TRIST	_			IBal	timore				land_	Avenu	e
The Mars Deceased Ever in U.S. Armed Forces? (TYS, NO OR UNKNOWN)   (# YES, CHE WAR OR DATE)   186. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   186. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   187. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   17. INFORMANT   187. SOCIAL SECURITY NO.   17. IN	14. FA		MIDDLE		LAST	15. MOTH	IER'S MAIDEN I FIRST	NAME	LE		LAST
13. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))   PART I DEATH WAS CAUSED BY:   IS CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))   PART I DEATH WAS CAUSED BY:   IS CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))   PART I DEATH WAS CAUSED BY:   Conditions, if ony, which gove rise to immediate couse (o) storing the under-lying couse lost.   Conditions, if ony, which gove rise to immediate couse (o) storing the under-lying couse lost.   Could be couse (o) storing the under-lying couse lost.   Lung Cancer and Hypertensive Arteriosclerotic Cardiovascular Disease   If all the significant conditions of the international death but not related to the terminal disease or conditions was performed?   If all the significant conditions of the international death but not related to the terminal disease or conditions was performed?   If all the significant conditions of the international death but not related to the terminal disease or conditions was performed?   If all the significant conditions of the international death but not related to the terminal death resulted from: Noturol couses   12 place of injury (a) how   12 place of injury   12 p	į	Joe	Α,				Saral	h			
No   250-07-0026A   Viola Brown 815 Rutland Avenue   APPROXIMATE NA   AP				16b. 500	CIAL SECURITY N	O. 17. INFOR	MANT		ADDRESS		
The cause of death flater only one couse per line far (o), (b), and (c).	,			250	-07-003	CA Vio	la Bro	own 815	Rutla:	nd Av	enue
PART I DEATH WAS CAUSE OBY.    IMMEDIATE CAUSE (o)   Cervical Cord Injury with complications	-		(Enter only one couse p							A	PPROXIMATE I
Conditions, if any, which gove rise to immediate couse (a) storting the underlying couse lost.  PAT 2 OTHER SIGNIFICANT CONDITIONS CONTINUITIES TO BEATH NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GOVERNMENT TO THE STORTING TO BEATH NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GOVERNMENT TO THE STORTING TO BEATH NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GOVERNMENT TO THE TERMINAL DISEASE DR CONDITION OF A SA CONSEQUENCE OF (c)  PAT 2 OTHER SIGNIFICANT CONDITIONS CONTINUITIES TO BEATH NOT RELATED TO THE TERMINAL DISEASE DR CONDITION OF A SA CONSEQUENCE OF (c)  THE 2 OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE TERMINAL DISEASE DR CONDITION OF A SA CONSEQUENCE OF (c)  THE 2 OTHER SIGNIFICANT CONTINUES TO THE TERMINAL DISEASE DR CONDITION OF A SA CONSEQUENCE OF (c)  THE 2 OTHER SIGNIFICANT CONTINUES TO THE TERMINAL DISEASE DR CONDITION OF A SA CONSEQUENCE OF (c)  THE 2 OTHER SIGNIFICANT CONTINUES TO THE TERMINAL DISEASE DR CONDITION OF A SA CONSEQUENCE OF (c)  THE 2 OTHER SIGNIFICANT CONTINUES TO THE TERMINAL DISEASE DR CONDITION OF A SA CONSEQUENCE OF (c)  THE 2 OTHER SIGNIFICANT CONTINUES TO THE TERMINAL DISEASE DR CONDITION OF A SA CONSEQUENCE OF (c)  THE 2 OTHER SIGNIFICANT CONTINUES TO THE TERMINAL DISEASE DR CONDITION OF THE TERMINAL TERMINA						Injury w	ith con	mplication	25	SET	WEEN ONSET
Conditions, if any, which gove rise to immediate couse (o) storing the underlying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERNINAL DISEASE DR (ONDITION GIVEN IN PART ) (a).  Lung Cancer and Hypertensive Arteriosclerotic Cardiovascular Disease  190. DATE OF OPERATION  190. DATE OF OPERATION  190. CANCER AND THE OF INJURY HOUR A.M. MONTH DAY YEAR 2 P.M. 7 30 19 82 Subject fell down steps  101. INJURY OCCURRED WHILE OF INJURY (AT HOME. AT WORK AT WORK  210. PLACE OF INJURY (AT HOME. AT WORK AT WORK  211. PLACE OF INJURY (AT HOME. AT WORK AT WORK  212. Lectrify that I took charge of the remains described obave, held an death resulted from: Natural causes I., Accident A. Suicide I., Hamicide I., Undetermined manner I.,  CITY OR TOWN  213. Lectrify that I took charge of the remains described obave, held an death resulted from: Natural causes I., Accident A. Suicide I., Hamicide I., Undetermined manner I.,  CITY OR TOWN  216. EXAMINER'S NAME IN M.D. ADDRESS III Penn Street  217. DATE SIGNED 8-16-8  218. BURIAL CREMATION, REMOVAL 1736 DATE 8/20/82 Mt. Zion Cem.  128. BURIAL CREMATION, REMOVAL 1736 DATE 8/20/82 Mt. Zion Cem.  1290. DATE RECO. M.D.  1		2209				111,501 7 1.			10		
gove rise to immediate couse (o) storing the underlying couse (o):  PART 2 OTHER SIGNIFICANT CONDITIONS (DATERIUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE DR CONDITION GIVEN IN PART ) (c)  Lung Cancer and Hypertensive Arteriosclerotic Cardiovascular Disease  190. Date of operation  190. Date of injury in item 10 part 1 or part 2)  190. Part 1 or part 2)  190. Part 2 of injury i	1	Conditions if an		0, 0K A3 A C01	13EGOENCE OF						
Jying couse lost.   (c)		gove rise to in	nmediate (b)_								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (g)  Lung Cancer and Hypertensive Arteriosclerotic Cardiovascular Disease    196. Date of Operation   196. Condition for which operation was performed?   210. Autopsy?   YES       210. EXTERNAL CAUSE WAS   216. TIME OF INJURY   HOUR A.M. MONTH DAY YEAR   216. HOW INJURY OCCURRED   196. CONTRIBUTING   20 or   216. PLACE OF INJURY   HOUR A.M. MONTH DAY YEAR   216. ENTER NATURE OF INJURY INTER 18 PART 1 OR PART 2)     198. CONTRIBUTING   20 or   216. TIME OF INJURY   AT HOME   216. PLACE OF INJUR			he under-	O, OR AS A CON	NSEQUENCE OF						
Lung Cancer and Hypertensive Arteriosclerotic Cardiovascular Disease    196. Date of Operation   196. Condition for which Operation was performed?   210. Autopsy?   YES		7	(c)								
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

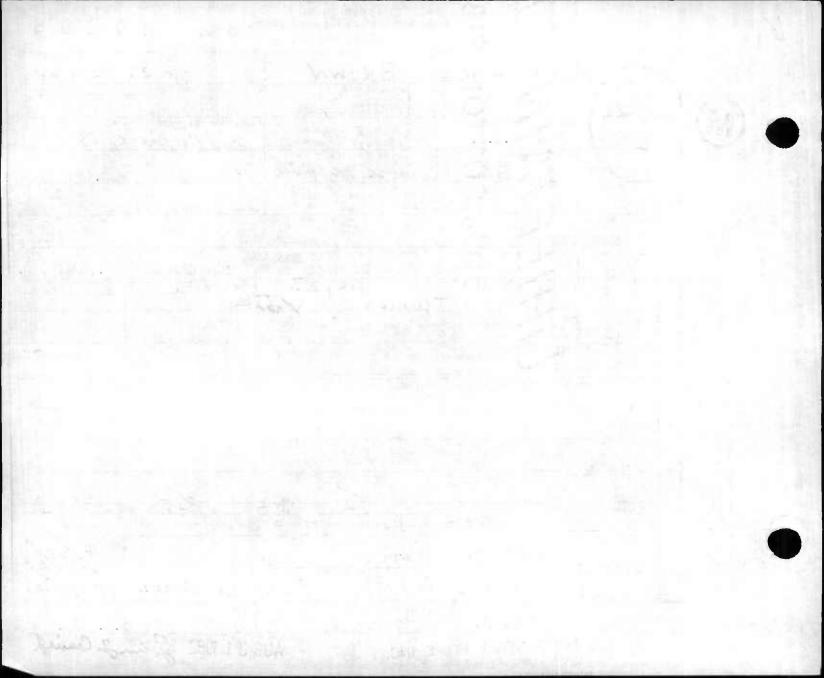
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NOT WHILE AT WORK		CE OF INJURY STREET, FACTORY OFFICE	FARM ETC }	211. LOCATION	21112	A/-	COUNTY	STATE
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DRE KA	rung-	yer /	henry	MD ATTENDING	MEDICAL DIRECTOR   PH	STAFF YSICIAN []	22c DATE SIGN	25/8
100	PE OR PRINT)	YEN HO	7 7	220 ADDRESS BON	V Sec	ours	. Hosp	ita
N'S NAME (1)	~ 4	·	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			STATE
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STATE OF MARYLAND



be executed within 24 hours ofter death. Page 4 may be

certificate

PHYSICIAN: The law

ATTENDING the hospital and completely tilled in by the fund loges I and 2 should be filled within

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

### FOR STATE

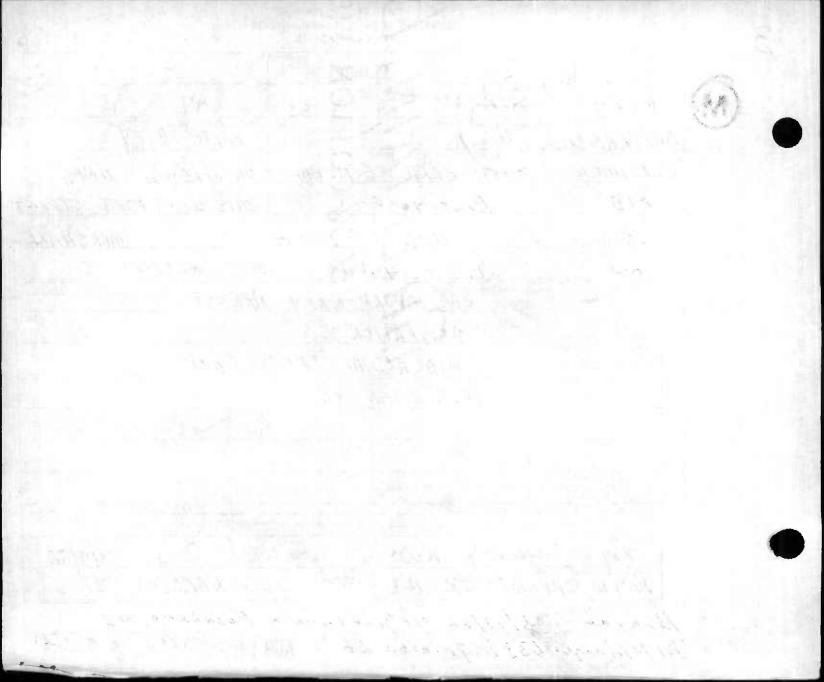
#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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3. S	MAle	4. RACE	shite	5 DATE C	DE BIRTH	YEAR D	6. AGE (IN YEARS LAST)		MONTHS	DAYS	HOURS M
70.	BIRTHPLACE (STATE OR FOREK COUNTRY)  Pennsylvania		S.A.	MARRIEI WIDOWE	D NEVER MARI		9 BALTIMORE CITY Baltimor			ATH	
0	Baltimore	(IF NOT IN	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET A ST. Agnes I	DDRESS) Hospi		TION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS' Foreman	OF WORKING	LIFE) IND	KIND OF USTRY thle	BUSINESS
5 13a	UAL RESIDENCE (IF NURSING F . STATE 13b Maryland	COUNTY	136. CITY OR TOWN		13d. INSIDE CITY L	IMITS?	13e STREET ADDRESS 2251 Wil		Aveni	Stee	
10.	FATHER'S NAME FIRST	k n o w	LAST	LC	15. MOTHER'S MA	AIDEN NAM			Velle	LAST	1223
160	WAS DECEASED EVER IN C (YES, NO OR UNKNOWN) (HE	J.S. ARMED FORCES YES, GIVE WAR OR DATES			Carl E.		stown,Pa <sup>ADD</sup> ne 610 Fr			5901	
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35	m	THPLACE (STATE OR FOREIGN 76	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMO	RE CITY
by the lied with	B	ALTIMORE	1608 GLEN	GHOME OR OTHER INSTITUTION  BONESSI  EAGLE RD,	12R USUAL OCCUPATION OF THE CONTROL	ON 125. KIND OF BUSINESS ( FWORKING LIFE) INDUSTRY
filled in	n.	AL RESIDENCE (IF NURSING HOME OR O'STATE 136 COUNT'S ARTHUR 136 COUNT'	HER INSTITUTION, GIVE RESIDENCE BEFORE  13 GITY OR TOWN  BALTIN	PORE YES NO 1	13. STREET ADDRESS	ENEAGLE RD
completely 1 and 2 sho	K	JWARD BK	ZOZOWSKI	ELIZABE	TH MIDDLE	LAST
an and co		VAS DECEASED EVER IN U.S. ARMI (ES, NO QRUNKNOWN)		155 MICHAEL .	SUCITY 6	OI POTOMAC AVE
ng physicii on papers. removal. natic even		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	M.L.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT OCUTC
mittendir ove carbo		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A GONSEOUE	NG CITASCU	D	26 mms
ed by the east nem rial, crem		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE			
Then ploor sign for to bu	TION			EATH BUT NOT RELATED TO THE TERM		
grene pr	CERTIFICAT	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
s certific al-transi ental Hy or Item 1	¥	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	19	RED (ENTER NATURE OF INJUI	IY IN ITEM 18, PART 1 OR PART 2)
After th s the bur th and M marked	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21r PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	IRM, ETC.)	CITY OR TOV	VN COUNTY STATE
ECTOR: for use a of Heal		22a I certify that (I) (this haspital sow the deceased alive an above (I) (we) (did) (did not)	3/29 198	2 and that in (my) (example)	deoth occurred on the de	19 that (I) (We) to
HAL DIR letached late Dept		22b. SIGNATURE	3161		MEDICAL STAI	
oblid be con the South the		22d PHYSICIAN'S NAME (TYPE ORP	MAFFELZOLI	660 Len	ILWorth!	)n 21204
F 6 3 E'	230	CREMATION, REMOVAL		ME OF CEMETERY OF CREMATORY  OLY ROSARY	BALTII	MORE M.D.
HMH-16 25M RA 15, 4) 1/79	X	MERAL DIRECTOR L. KAC	ZOROWSKI	2525 FLEET ST A	UG 1 7 1982	25b. REDISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Construction of the second sec A STEEL STEE AN STREET STATE OF STATE NO. English Pritatilisa Exites ETU as of the moderate States for terminal ANE A CHIEF I KA ZURUWAL SERENJE AUSA PESSE TELLAR DE LA CONTROL DE LA CONTR old be filed with

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r use as the burial-transit permit. Then plea. Health and Mental Hygiene prior to burial.

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morked or Item 18

MPORTANT: If them 21 is

CERTIFIC

MEDICAL

1 - FOR STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2	0 2	9
DECEASED NAME	FIRST	WIDDLE	l	AST	20 DATE OF DEATH	HTMON	DAY YEAR	25 HOUR
CLAUI	DE MO	ORRIS	BUCH.	ANAN	AUGUST 22,	198	2	9:45
Male Male	4 RACE	ite	5. DATE C		6 AGE (IN YEARS LAST BIRTH		MONTHS DAYS	IF UNDER 24 HOURS A
BIRTHPLACE ISTATE ON P COUNTRY) Alabama	OREIGN 75 CITIZEN OF U.S.A	WHAT COUNTRY?	MARRIE WIDOWE	DXX NEVER MARRIED	Baltimore City OR Baltimore			
Baltimore	Churc	th FACILITY, GIVE STREET A h Hospita	address)	DR OTHER INSTITUTION	120 USUAL OCCUPATIO   TYPE OF WORK FOR MOST OF   Constructi	WORKING LI		ectors
SUAL RESIDENCE (IF NURS 30, STATE Maryland	ING HOME OR OTHER INSTITUTION Balto.	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Dundalk	N	13d INSIDE CITY LIMITS?	7869 St. B	ridge	et Lane	2122
4. FATHER'S NAME Frank	Morris	Buchana	ın	Ola	Eliza		Frac	dy y
MAS DECEASED EVER	IN U.S. ARMED FORCES?  (IF YES GIVE WAR OR DATES)  WW II	421.09.6		Marie E. Buc	ADDRES Chanan (Wife		ame as :	13e)
18 CAUSE OF DEATH PART I. DEATH W 1629	IMMEDIATE CAUSE (0)	CANCINOM	A OF	LUNG			APPROXI BETWEEN (	MATE INTERVAL ONSET AND DEA
Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which (b)	R AS A CONSEQUE						
PART 2. OTHER SIGN				NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FINDIN	GS USED

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED

21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE **AUGUST** 82

220.1 certify that (I) (this haspital) attended the deceased from AUGUS saw the deceased alive on AUGUST 22 19 82 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not view the body after death. 22h SIGNATURE DEGREE 22c. DAVE SIGNE

ATTENDING MEDICAL STAFF DIRECTOR [ 22e. ADDRESS CHURCH HOME CORP.

PAUL GORMLEY MARYLAND, BALTIMORE, 100 N. BROADWAY 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE

Cremation 8/24/1982 Green Mount Crematory

Baltimore

Maryland

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

Walter Brooks Bradley Inc., Dundalk, Md. 21222

BP.

FUNERAL DIRECTOR:

should be detached for with the State Dept. of

OR ATTENDING PHYSICIAN: The

HOSPITAL

ottending physi

21231

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21222

NO [

Administration of the Burgasta Annual Company of the Company

page 3

Page 4 may be

requires that the death certificate be executed within 24 haurs after death.

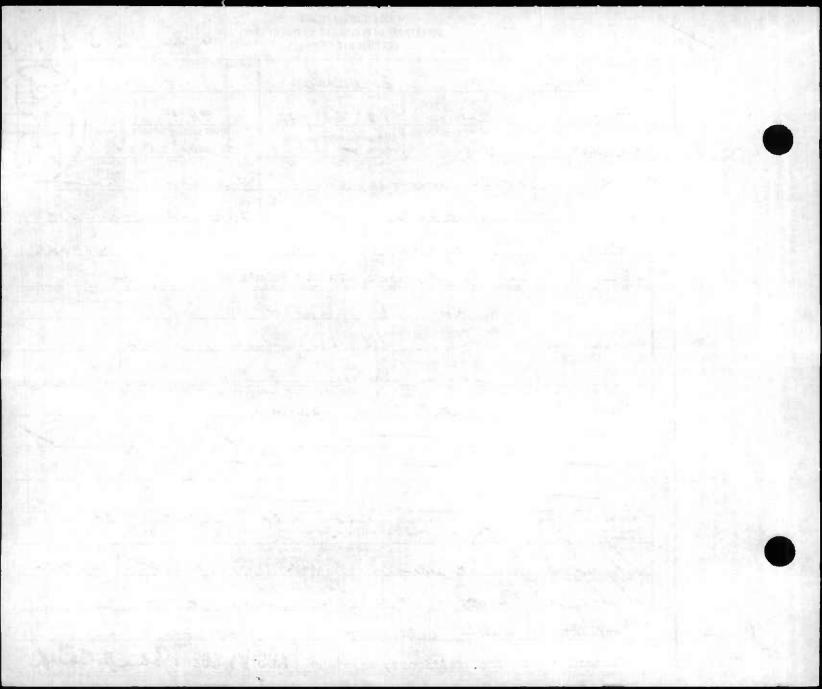
#### STATE OF MARYLAND

1	FOR STATE REGIST	RAR		DEPART		IEALTH AND MEN		REG. N	200	2 0	2	1
1	1. DECEASED	NAME FIRST		MIDDLE	i	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR	3
1	(TYPE OR PRINT)	EMMA		M.	BU	CHWALD	- 1		8 1	0 82	882	OM
1	3. SEX		4 RACE		S. DATE C	OF BIRTH		AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 2	24 HRS
i	F	emale	1	Unita	1.2		YEAR 9/	90	YRS	MONTHS DAYS	HOURS	MIN
4		E (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.		_ (	BALTIMORE CITY		OF DEATH		
1		many	11	, S, A.	WIDOWE	D NEVER MARI	CED []	BALTO.	C/7	74		MD.
d		OWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUT	ION	120 USUAL OCCUPA	TION	12b KIND C	OF BUSINES	
	1000	70	merc	Y HOSA	PITAL	FAC,		Homema	/	E) INDUSTRY		
1	lo STATE	NCE (IF NURSING HOME C		13c. CITY OR TO		13d INSIDE CITY L	IMITS?	3e. STREET ADDRESS				
2	md.			BAL	70.	YES NO			AMIL	TON	AUC	
0		IRST	WIDDLE	LAST /		15 MOTHER'S MA	IDEN NAMI	E		to to d	51	
4		LITHER EASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SEC	INC.	17 INFORMANT	nna	ADDI	RESS	VVIN	HLEN	5
	(YES, NO OR		IVE WAR OR DATES)		-2202	16.	Schu	ltheiss		ame		
1	18 CAU	SE OF DEATH (Enter o	nly one couse pe	r line lar (a), (b), a	nd (c)					BETWEEN	MATE INTERV	/AL DEATH
	PAR	I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	Respi	rator	V are	rest					
1	4	960		DASM CONSEQU	IENICE OF	/						
1	Condit	ians, if any, which	(b)	R ASPA CONSEON	DENCE	hunting	nula	entam .	lis eas e			
1	gove	rise to immediate (a), stating the		R AS A CONSEOL	IENICE OF	6	7					
	underly		(6)	Read	SENCE OF	· lune						
1	PART 2	OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR COM	NDITION GIVE	EN IN PART 1	a	
1	OR	enal tai	1/4-0.	ET	00.	1 00	CALIC					
		E OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORME		200 AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED	
1	Ę			-		-		YES NO	IN CERTIF	YING CAUSES	OF DEATH	
	21a. ACC	IDENT WAS UNDERLYING				21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	OR CONT	RIBUTING CAUSE OF DE										
1		ER, NOTIFY MEDICAL EXAMINE URY OCCURRED		.M. OF INJURY	19	21f. LOCATION						
ĺ	WHILE AT WORK	AT WORK	(AT HOME ST	REET, FACTORY, OFFICE	FARM ETC }	STREET		CITY OR T	OWN	COUNTY	ST	ATE
		rtify that (I) (this hasp	oital) attended t	ne deceased from	5	>/7	9 82	. to _ 8-/	10	19 82	that (I) (w	e) last
	saw	the deceased alive o	n 3	ofter death	82,0	nd that in (my) (our	) opinion de	oth accurred on the	date and hour			
1		MATURE //	////	die dedin.		DEGREE				22c. DATE	SIGNED,	
	1	tinher I	Campi	60 m	D.		NDING SICIAN	MEDICAL STA	CIAN	8	110/80	2.
	27d PHY	SICIAN'S NAME THE	ON MINITY			22e ADDRESS	- 11	-n'L/ =	ar.		-	
	St	when D.	Cam	bell	MID	MERCY	140	1	1202.			
	230. BURIAL, C	REMATION, REMOVA	L 236. DATE	23c	NAME OF C	EMETERY OR CREA	ATORY	23d LOCATION				
	(SPECIFICIAL	FAKKA An	8/13/	100	Greenm			Baltimo	ro Ma	COUNTY	51	ATE
	24. FUNERAL [						25a. DATE	REC'D. BY REGISTRA	R 25b REGISTI	RAR'S SIGNA	URE	4
	NAME	Leonard J P	Ruck Inc	. Baltim	ore. M	aruland	AUG	1 1 1982	John	-3. G	buch	
- 1						3=	1		V			

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending these should be detached for use as the burial-transit permit. Then please remove carbot paper with the slate Dept, of Health and Mental Hygiene prior to burial, cremation, or removal AMPORTANT: If Hem 21 is marked to them 18 shaws any injury, ar ather traumatic event.

NO HOSPITAL OR ATTENDING PHYSICIAN. The law etained by the haspital ar attending physician.



injury, or other troumotic event, th

IMPORTANT: If Hem 21 is morked or Item 18 sha

Anatomy Board

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FOR - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKIII	FICALE OF DEATH		REG. N	10.		
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE C		MONTH	DAY YEAR	26 HOUR
		Z ATATE			TTOTES	CATOLIA M	7. 1.17	GUST	00	1982	05.500
3 SE	X	ANNE	4 RACE			CNGHAM Of Birth		YEARS LAST BI		IF UNDER I YEAR	05 • 5 5 A
					MONT			_		MONTHS DAYS	HOURS MIN.
3 6	FEMALE IRTHPLACE (STATE OR		WHITE	WHAT COUNTRY?	JUI	15, 1920	6		YRS		
-	COUNTRY)	FOREIGN		WHAT COUNTRY!	MARRIE	D NEVER MARRIED	BALTIM	SKE CITY	OK COUN	TY OF DEATH	
	Marylar		U.S.		WIDOW		BA	LTIMO	ORE (	CITY	MD.
	AT T MORE	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A DHNS HOP	ADDRESS)	OR OTHER INSTITUTION  HOSPTTAL	(TYPE OF WO	CCCUPAT ORK FOR MOST rtisi	OF WORKING	LIFE) 126 KIND ( INDUSTRY	OF BUSINESS OR
USL	AL RESIDENCE (IF NUR	136 COU	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		1				
				13c. CITY OR TOW		YES TO NO	13e. STREET				
	RYTAND ATHER'S NAME	L_CI	I. A	BALTIMO	RE	15. MOTHER'S MAIDEN NA		o_BAI	VK ST	PREET	
	FIRST		WIDDLE	LAST		FIRST	7716	MIDDLE		LA	ST
	EDWARD			BUCKING		ELENOR	A			ALUGHI	ER
	WAS DECEASED EVER YES NO OR UNKNOWN)		RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ESS 351	4 Kentu Md. 212	ckv Ave.
No		(11 105, 01	TE WAR OR DATES!	217-03-2	2372	Ms. Peggy C	rimi	Bal	to.,	Md. 212	132
	18 CAUSE OF DEAT	H Enter o	nly one couse per	line for (a) (b) one	die 1				1 1	APPROX	CIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	VAS CAUSI	ED BY:	54.4/	1 1	2.1 060	truct	400/	Cuche		
	1749	IMMEDIA	TE CAUSE (o)	-///	0	ut ()	1	//		2/	no.
	////		DUE TO, O	R AS A CONSEQUE	NCE OF	11.0.	ast C	)			
	Conditions, if ony		(b)_	- M	CHAS:	tutic Bolo	oft (	4.			
	gove rise to imp		DUETO	R AS A CONSEQUE	NICE OF						
	underlying couse	e last.		A A CONSLOOL	NCE OI						
	PART 2 OTHER SIGI	NUELCANIT	CONDITIONS CO	ONITRIBUILING TO D	CATH DIII	NOT RELATED TO THE TER	AND LATE DICE A	CE OD CO.	ID IT (D) ( C		
Z	ANI 2. OTTEK STO	MINCAN	CONDITIONS	DIVINIBULING TO E	ZEATH BUT	I NOI KELATED TO THE TEK	MINAL DISEA	SE OR CON	ADITION G	IVEN IN PART II	0,
CERTIFICATION	19a DATE OF OPERA	TION	LIN COLID	TION FOR LANGE	OPERATIO	NAME OF THE OWNER O		0.000	Text 15.44		
CA	ING DATE OF OPERA	TION	196 COND	IIION FOR WHICH	OPERATIC	ON WAS PERFORMED	20a AUT	OPSY?		ES, WERE FINDI	
TIE							YES 🗌	NOV		YES 🗌	NO 🗌
S	21a ACCIDENT WAS UN	-	116 TIME O		V VEAD	21c HOW INJURY OCCUP	RRED (ENTERN	ATURE OF INJU	JRY IN ITEM 18	PART I OR PART 2)	
AL	OR CONTRIBUTING		AIR		19						
MEDICAL	21d INJURY OCCUR		21e PLACE		,19	21f. LOCATION					
AE	WHILE NOT WE			EET, FACTORY, OFFICE, FA	ARM ETC )	STREET		CITY OR TO	NWC	COUNTY	STATE
	AT WORK LAT WO	)RK									
	220.1 certify that (1)		0	A	27/1	7.4., 19.	, to	8-0	7	19 8	that (I) (we) lost
	sow the deceos	ed alive or	ot) view the body	etter death 19_4	, 0	nd that in (my) (our) opinion	deoth occurr	ed on the d	lote and ha	our and from the	couses stated
	226. SIGNATURE	/	1 /	/ dealin.		DEGREE			-	- 22L DATE	SIGNED
	1	./	K. L.			1 D ATTENDING	MEDICAL			2	10/00
	22d PHYSICIAN'S N	AME ITYPE	OR REINING			PHYSICIAN 22e ADDRESS	DIRECTOR	R   PHYSIC	CIAN	/	7/0
	C .	MAL (IIIE)	I d	1		T /	11 +		11	11	Dept
	>06	nuel	V.	Lyon		John 1	44/11	4/ 1	10,01	4/0	y Surgery
23a.	BURIAL, CREMATION,	REMOVAL	JJh DATE	23t N	IAME OF	EMETERY OR CREMATORY	23d. LOC		-7		
	(SPECIFY) Remova	a1	8/9/8	2			CIT	YORTOWN		COUNTY	STATE
24 F	UNERAL DIRECTOR		-,-,-			25a DA	TE REC'D. BY	REGISTRAF	25b. REGIS	STRAR'S SIGNAT	TURF

Balto., Md.

DHMH - 16 50M 1/BI (VRA 15, 4)

THE PERSON AND THE PERSON AS IN THE REAL PROPERTY OF THE PERSON AS IN THE

i		STATE OF MARYLAND  FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 2  CERTIFICATE OF DEATH  REG. NO.							1 2
e ##		ORPRINT) Gloria	Louise 1	(Koyama)	Rushingh	1	10. 1982	YEAR 26 HOUR	1
pod de de	3 SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR IF UNDER 241	
60 /4/	Female To BIRTHPLACE (STATE OR FOREIGN PENNSYLVANIA TO CITY OR TOWN OF DEATH		White	2 MONTH	11 YEAR 25	. 57	YRS.		MIN.
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			7b. CITIZEN OF WHAT COUNTRY? 8.  MARRIED WIDOWEI  11. NAME OF HOSPITAL, NURSING HOME OF		NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF  Baltimore City  120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)		HTAB	
ep Ja								26. KIND OF BUSINESS	MD.
nrs off		Baltimore AL RESIDENCE (IF MURSING HOME O	147 North Ellwood Avenue ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		Housework  Housework  At Home			-	
y filled in should be er most be	13a S	TATE 13b. COU			YES NO		ood Aver	rue 21224	
mpletely pand 2 sh	14 FA	William	Buckingho Buckingho	ım	Doris	WIDDIE	Wo-	ll LAST	
n ond ca		(ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE			
e be e cran o cran o ers. Po		No	nly ane couse per line for (a), (b		Max Bloom 7	52 50th.St.	Brookly	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	20
SICIAN: The low requires that the death ce ag physician. certificate has been signed by the ottending rial-transit permit. Then please remove carb ental Hygiene prior to burial, cremation, or retem 18 shows any injury, or other traumatic.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING		0	NAL DISEASE OR CON	DITION GIVEN IN	N PART Tro	
	CERTIFICATION	19¢. DATE OF OPERATION	OF OPERATION 196. CONDITION FOR WHICH OPERATION			200 AUTOPSY?   200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO			
		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	110
affer this of the bull of the bull with the	MEDICAL	21d INJURY OCCURRED  WHILE OT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OF	FICE, FARM, ETC.)	23f. LOCATION STREET	CITY OR TO	wn c	COUNTY STATE	E
ATTENDIN spital ar CTOR: Al Ifar use a 1 of Healt		270.1 certify that (1) (this hospital) attended the deceased from Samulus 15 19 80 , to Guerret 10 19 821, that (1) (we) lost saw the deceased alive on August 9 19 82 , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) Idid) (did not) view the body after death.							
TAL OR , y the ho RAL DIRE detached to Tate Dept Tate De		226. SIGNATURE Sudith & 7	Lew MD		ATTENDING PHYSICIAN	MEDICAL STAI	F .	8/11/82	×.
CO HOSPITA etoined by TO FUNERA should be de with the Stat		JUDITH E KARP, M.D. 220. ADDRESS Solves On cology Center							
BP	(	URIAL, CREMATION, REMOVAL SPECIFY)  Burial	23b. DATE 8-12-82	231 NAME OF CE	armel Cem.		ne (ity	Maryland	E
DHMH - 16 50M 1/81 (VRA 15, 4)		S. Zeiler & Sor	Inc. 901 S.C.	onkling.		G 1 1 1982	25b. ATGISTRAR'S	2 Caniel	(

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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lia	Con	U	fi-ca	4
REG. NO.				

1	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2	0 2	2	3
ı		CEASED NAME FIRS	T	MIDDLE	- 1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
-1	TYPE	WIL	LIAM	RUSSELL	BU	IEFORD		8 17	82	5:50P	) M
1	L SE)	X.	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24	HRS
		Male	Black		35NTH	38 1944	71	YRS.	THS DAYS	HOURS	MIN.
R	7a. B11	RTHPLACE (STATE OR FOREIGN	1.0.0	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED	Baltimore city o	R COUNTY O	EDEATH		
3		ITY OR TOWN OF DEATH			G HOME C	DR OTHER INSTITUTION  O., MD.	12a. USUAL OCCUPATION OF WORK FOR WOST OF WORK FOR WOST OF WORK FOR WOST OF WO	ION	126. KIND C INDUSTRY utler	BUSINESS	MD. S OR
5	13a. S	AL RESIDENCE (IF NURSING HO STATE 13b. (	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE	more	13d INSIDE CITY LIMITS?	130 STREET ABORESW	ashing	ton S	t.	
0		ather's name William R E	Bueford	LAST		Rosetta	Harris		LAS	T	
1		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	220 09 6		Carrie Johns	son 201 N	Washi	ington	St.	
	z	Conditions, if ony, which gove rise to immedia cause (a), stating the underlying cause last	the tee	R AS A CONSEQUE		spiratory  NOT RELATED TO THE TERM	Arrest INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0,	
4	CERTIFICATION	90. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	NG CAUSES		?
9	MEDICAL CER	210, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	DF INJURY .m. month da .m.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)		
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	ZII. LOCATION STREET	CITY OR TO	WN	COUNTY	STAT	te
		220.1 certify that (1) (this saw the deceased ali			32, or	nd that in (My) (aur) opinion (	to AUGUST death occurred on the de	17, 19. ate ond hour o	nd from the		
		MOGNATURE	Cola	ting r	10	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		22c. DATE	51GNED 7/82	
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1	23o. B	BURIAL, CREMATION, REMO	236. DATE 8/21,		. /	us Mem Pk	Baltim		faryla		TE.
1	24. FL	uneral director Law Funeral	Home 4	611 Park	Heig		e rec'd by registrar IG 2 3 1982	256 REGISTRA	R'S SYNA	shelf	

DHMH - 16 50M 4/82 (VRA 15, 4)

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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page etained by the haspital or attending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in by the should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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injury, or other troumatic event, the

MAPORTANT: If Item 21 is morked or Item 18 shaws ony

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24 FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

REG	GISTRAR			CERTII	FICATE OF DEATH	REG. N	0.	V 24	
I DECEAS	EE " LAME FIRST		**IDDLE		LAST	26 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Davi	.d	Α.		Burlev	8-	17-1	8 4	11,15
1 SEX Ma	le	Black			OF BIRTH 4,1901 YEAR	6. AGE (IN YEARS LAST BII	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
Ma	LACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	MARRIE		Baltimore city of	R COUNT		MD
Ва	town of DEATH	Leaton	Med Cen	ter	BALFO, Med 611 S. Charles	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OPE	OF WORKING L	HEE INDUSTRY	Co.
Ma STATE	ryland	AE OR OTHER INSTITUTION OUNTY	13c CITY OR TOW Baltimo	N		3506 Virg	inia	Ave.	
14 FATHER	I'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDIE		LAST	
	DECEASED EVER IN U.S. OOR UNKNOWN) (IE YES	ARMED FORCES? 5, GIVE WAR OR DATES)	215-10-		17 INFORMANT Sister Ann Le	ohrfink 740		alvert S	St. 2120
gav cau und	nditions, if ony, which we rise to immediate use to stating the derlying couse lost.	(c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GI	VEN IN PART 110	
CERTIFICATION 130 D	DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDING	GS USED OF DEATH? NO
CAL	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART   OR PART 2)	
Z 21d I		21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	certify that (1) this ho sow the seceosed olive obave (1) (we) (did) (did	8/18	19	2017	nd that in (my (aur) prinion o	deoth occurred on the d	ate and ho		hat (1) (we) lost ouses stated
	SIGNATURE	m			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	IANG	22¢ DATE S	IGNED
	PHYSICIAN'S NIME IT	her m	0		PEATURESS MEN C	TR BUT	'YO'	ZZ.	
230 BURIAN	L, CREMATION, REMOV	,			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	rial	Aug. 24			Memorial Parl	Arbutus,	Balto	. Co., M	daryland
24 FUNERA	AL DIRECTOR		ADDRESS	6500	York Rd. AUG	5 6 108 SISTRAS	25h EGIS	TROS (SMALL	DE K
Mitch	ell-Wiedefe	and Home		to	Md 21212 AUU	701000			

DHMH - 16 50M 1/81 (VRA 1S, 4)

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1		MARYLAND TH AND MENTAL HYGIENE () ()	0 1 4
0 1	- STATE	CERTIFICATE OF DEATH REG. NO.	1210
	DECEASED NAME FIRST MIDDLE TYPE OR PRINT)	LAST 20 DATE KNOWN X MONT	H DAY YEAR 26. HOUR
25	Lionel	Burton Bruton DEATH MATED 0 8	5 1982 M
Çë T	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF L LAST BIRTHDAY) MONTH DAY YEAR LAST BIRTHDAY) MO		H DAY YEAR 247HOUR
-	Male B 11-12-59 22 YRS	DEAD 8	5 1982 a M
3		RRIED NEVER MARRIED [ 9 BALTIMORE CITY OR COU	
	CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR O	DWED V DIVORCED WE BALTIMORE C	K 126. KIND OF BUSINESS
7	Baltimore City Provident Hospital	FOR MOST OF WORKING LIFE)	OR INDUSTRY
। 13	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  1. STATE 136. COUNTY 137. CITY OR JOWN	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS D	1 -1
2	Md. Ballimoxl	YES   NO   634 W. Lan	vale ST.
01	FATHER'S NAME  FIRST  MIDDLE  LAST	15. MOTHER'S MAIDEN NAME MIDDLE	LAST
0 16	WAS DECEASED EVER IN U.S. ARMED FORCES? TIBE SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	eal ham
	(YES, NO, OR UNKNOWN) (IF YES, GIVEWAR OR DATES)	George Bruton Jr 6	34w. Lawrel
F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (0) Multiple injurie	es	·
	Canditions, if any, which		
	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF		
	lying cause last:		1 10
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART 1 (a).	
	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  216. EXTERNAL CAUSE WAS  216. TIME OF INJURY HOUR AM MONTH DAY YEAR HOUR AM MONTH DAY YEAR		
	19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED?	20 AUTOPSY?
1	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN SEM 18 PART ) OR	YES NO D
	UNDERLYING XOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 6+ 1945 8 5 19 82	Subject jumped from window	
	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. L	LOCATION	COUNTY STATE
1		rovident Hospital, Balto.,	Md.
	22a I certify that I took charge of the remains described above, held an Auto	opsy 🛴 , Inspection 🗌 , Inquiry 🔲 , and in my	opinion
	deoth resulted from: Natural courses	Homicide . Undetermined manner .	
	ACTUAL Y LAND AND Y TANK	TITLE (SPECIFY)	E 0/L/00
7	SIGNATURE MONOCOLONIA	M.D. Deputy Chiefedical examiner Sig	NED 8/5/82
4	(TYPE OR PRINT) Thomas D. Smith, M.D.	_ADDRESS111 Penn St. Balto	)., MD.
23	BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY	CITY OR LOWN	DUNTY STATE
2	13 Urial 8-14-82 King Me	Marial Part Kandallolow	S SIGNATURE
-	James A. Mortond Sons 1701 Lauren	St AUG 09 1982 John	I Court
	The state of the s		

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	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 2 1 7  STATE REGISTRAR Milton P. Bush CERTIFICATE OF DEATH  REG. NO.
(TYF	ECEASED NAME FIRST MODILE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR PRINT)  MILTON BUSL 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 27 P.
3. SE	male 4. RACE white 5. DATE OF BIRTH MONTH DAY 1/6 66 YRS MONTHS DAYS HOURS MIN.
70. E	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY?   8 MARRIED NEVER MARRIED NOT
30.0	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY. GIVE STREET ADDRESS)  120. USUAL OCCUPATION (IT PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Carpenter building
E STATE	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136. COUNTY 136. CITY OF TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS HAGUE AUG.  THEP'S NAME  ATHERYS NAME
0C 14 F	ATHER'S NAME FIRST  Tames  MIDDLE  BLOSH  15. MOTHER'S MAIDEN NAME  Preslar  LAST  Preslar
Media Media	was deceased ever in u.s. armed forces? 166 social security no. 17 informant address  (YES, NO SCIENTSOWN) (IF YES, CIVEY AR III TES) 244-07-6845 Thelma Bush 4116 Hague Ave.
injury, or other troumotic event, the ION	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:    Onditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.    DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF COUSE (b), storing the underlying couse lost.    DUE TO, OR AS A CONSEQUENCE OF COUSE (c)
CERTIFICATION	216. ACCIDENT WAS UNDERLYING   216 TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH   CONDITION FOR WHICH OPERATION WAS PERFORMED   20 AUTOPSY?   206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   YES   NO
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  AT WORK AT WORK  NOT WHILE AT WORK  AT WORK  AT WORK  P.M. 19  21f. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
T: If Item 21 is morked	22a.I certify that (I) (this hospital) attended to eased from 19 19 19 19 19 19 19 19 19 19 19 19 19
IMPORTANT	22d PHYSICIAN'S NAME FIVE CARROT 22e ADDRESS UM V GERAL
≥ 23α.	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CREMATORY CREMATORY Baltimore City Md.
	Gonce Funeral Home P.A. 4001 Ritchie Hwy SEP 2 1982 Soluy Coming

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STATE OF MARYLAND

1	FOR - STATE REGISTRAR	DEPA		CATE OF DEATH	GIENE 8 2	2021
1. D (TY		IRLEY MAR	B DATE OF	VTLER	20 DATE OF DEATH MON	27 82 -
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MONTH 3	DAY 35	9 BALTIMORE CITY OR CO	MONTHS DATS HOURS MI
50 I	M 9.  CITY OR TOWN OF DEATH  3 A 1 + 0	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY GIVE ST	SING HOME OF	DIVORCED [	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	
3 NS(130.	md.	OR OTHER INSTITUTION GIVE RESIDENCE BEI UNTY 13c. CITY OR TO	FORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	4
\$00	TAMES  TAMES	John!	50N	MARTHA	WIDDIE	Sacry ER
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SE QUE WAR OR DATES)		17. INFORMANT	Johnson 5	600 WESley A
event, th	PART I. DEATH WAS CAUS		andu	ac arre	st	APPROXIMATE INTERVAL BETWEEN ONSETAND DEAT
umatic e	Conditions, if any, which	DUE TO, OR AS A CONSEC	OUENCE OF	Cardin	- H	
	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC		asteri	- disease	
ATION	PART 2 OTHER SIGNIFICANT	conditions contributing t	O DEATH BUT (	OT RELATED TO THE TER	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
11 10	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2 Z I IS MO	sow the deceased alive of	prior ottended the deceased from 8/24/19	,	that in (my) (cor) apinion	deoth occurred on the date or	that (1) (1) (1) the had hour and from the causes stated
======================================	22b. SIGNATURE	5-2		MD ATTENDING PHYSICIAN L	DIRECTOR   PHYSICIAN	22c. DATE SIGNED 8/31/82
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	22d PHYSICIAN'S NAME (TYPE	IA CHAND		22e ADDRESS BAL		HOSP.
230	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	10/100		METERY OR CREMATORY	BATTO	COUNTY
/B1 24 F	EROY HARE	15 F/s 4520	Per 1	way Pd	E REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGNATURE

STATE OF MARYLAND

MAKE OFFICE PATHORES CITY F- 60% 134116 good oden Art 1604 PEACHER BALTOLL - POCCO ONEIL ALE "1604 Johnson Martha LHAAD gis- server pathoniel Johnson serve was ky thes OUR Burns 9/1/82 My Auburn 04726 po. LEKEY MARRIS FLS 4500 PEN hury Pil

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	0	4
REG. NO.	0110	1 19	

1	FOR STATE REGISTRAR	DEPAR		H AND MENTAL HYG	BIENE 8 2 2	0 2 2 0
	ECEASED NAME ELISA  ELI	4 E.	Cago	Že.	20. DATE OF DEATH MONTH	31 82 3 PM M
3 SE	male	4 RACE NEGRO	S. DATE OF BIR MONTH JUN.	1 1908	6 AGE (IN YEARS LAST BIRTHDXY) 74 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	76 CITIZEN OF WHAT COUNTR	MARRIED WIDOWED	NEVER MARRIED   DIVORCED	Bellium 6	Y OF DEATH COLL, MD.
10.0	Seltime	11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR  PROVIDENT HOS	REET ADDRESS)	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII	126 KIND OF BUSINESS OR INDUSTRY  CHAUFF EUR
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b COUMARYLAND		ORE 13d I	INSIDE CITY LIMITS?  SX NO   NOTHER'S MAIDEN NAM	13e. STREET ADDRESS 2335 EDMONDSON	
14 17	LEMMEL.	MIDDLE CAGE		ROSE	WIDDLE	WHEELER
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	ARMED FORCES? 166 SOCIAL SE SIVE WAR OR DATES) 217 09		NFORMANT	ADDRESS  CAGER 2335 EDMO	21223 NDSON AVE
NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF	The Standard of the Co	Padder RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART Ito
TIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WA	S PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETIHER, NOTIFY MÉDICAL EXAMINE) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK		19 211.	HOW INJURY OCCURR  LOCATION  STREET	RED (ENTER NATURE OF INJURY IN ITEM 18. F	PART 1 OR PART 2)  COUNTY STATE
	22a. I certify that (1) (this has sow the deceased alive a above. (I) [we] (did told in 17). SIGNATURE	not lively the body offer death.	DEGR		medical Staff DIRECTOR PHYSICIAN D	19, that (1) (we) lost or and from the causes stated  22c. DATE SIGNED  8-34-62
23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	C NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has bring should be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene protein. IMPORTANT: If them 21 is marked or them 18 shows and

etoined by the hospital or offending physicion

BURTAL 24 FUNERAL DIRECTOR LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

REDISTRATES SIGNATURE

1 10 31

CLETISOON TWACK TOLES

MULTINE THE

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0.223 27 09 3/13. 11. # . 11 0.11 2355 124 1 01 . 11.

AUG SUBARO CONTOR

2555 Enderson (475. 21223

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executed within 24 hours ofter deoth. Page 4 may be

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 25 TEGISTRAR'S SIGNATURE . AUG 3 1 1982

1.	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYO ICATE OF DEATH	0	2 2 REG. NO.	0 2	2 1
	CEASED NAME VIRO	FIRST GINII		ALDWI		AST	AUG	25,1982	DAY YEAR	26. HOUR 0545 Am
3. SE	x FEMALE	4	RACE	CK	5. DATE C		6. AGE (IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR I COUNTRY) MARYLAI	S	les		WIDOWE	DE DIVORCED D	BAL	CITY OR COUNTY	CITY	MD.
B	ALTIMOR	3	UNIV.	HEACILITY, GIVE STREET	ADDRESS)	/1		R MOST OF WORKING LIFE		F BUSINESS OR
130. 5	AL RESIDENCE IF NURS STATE MD BALTIMORE	136 COUNT	THER INSTITUTION. Y LTIMORE	130. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌		PAIR FAX	RD	
14. FA	HENRY	м	IDDLE	DAN	VIELS	15. MOTHER'S MAIDEN NA VICTOR		AIDDLE	Lau	urance
	VAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	219-16-		Dorothy &	inyant	4201 1	Fairfa	x Rd
NOI	Conditions, if ony, gove rise to improve the total to improve the improvement the improvement that improvement the improvement the improvement that improvement the improvement that improvement the i	nediote ig the lost.	DUE TO, OI  (b)  DUE TO, OI  (c)  DINDITIONS CO	R AS A CONSEQUI	ENCE OF	CA; M	ET AST		EN IN PART Tro	
CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES N		, WERE FINDIN YING CAUSES	
MEDICAL CER	21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI- 21a, INJURY OCCUR	CAUSE OF DEATS CALEXAMINER)	P 21e PLACE	M. MONTH D. M.	19	211. LOCATION STREET		E OF INJURY IN ITEM 18 PA	COUNTY	STATE
2	220.1 certify that (1) sow the decease obove, (1) (we) (22b. SIGNATURE	(this hospital	ol) attended the	deceased from_	28 C	d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	MEDICAL	n the dote and hour		
	22d. PHYSICIAN'S NA	AME (TYPE OR	KEN:	TRO		22e ADDRESS		BALTI	more	21201
23a. E	BURIAL, CREMATION,	REMOVAL	236 DATE 8/30	and the same of the same of	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO	on Town timore M	COUNTY	STATE

1101 E. Morth Ave.

DHMH - 16 50M 4/82

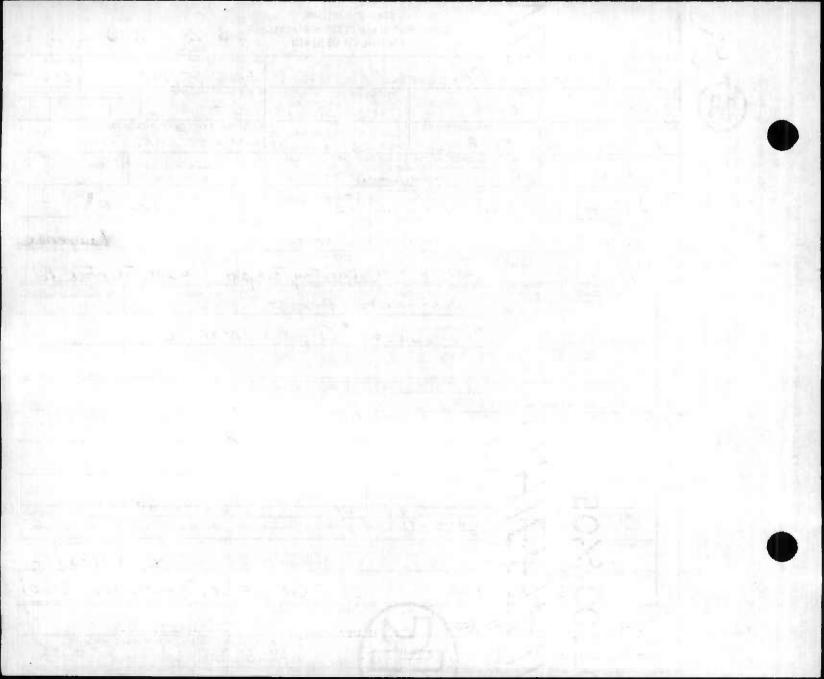
24. FUNERAL DIRECTOR
With C. March F/H

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages I and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval. If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical examiner massibe.

(VRA 15, 4)

OR ATTENDING PHYSICIAN: The low attending physicion.

etained by the hospital or



and 2 sh

1.	FOR - STATE REGISTRAR 2	DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2		2 2 2
	CEASED NAME   FIRST	MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
(,,,,,	Ernst Ernst	357)	Call	oway	August	2, 1982	1:30 a
3. SE	Male 4.	Black	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BII		
Ho	lley Hill, S. Car	CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	City	M
	Baltimore 11	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Maryland General	al Ho		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (	ION 12b. KINI	OF BUSINESS OF
13a. S				13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 827 N. Ar I	ington Ave	
Le		Callaway		Victoria	WIDDLE	Moultrie	LAST
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W YOS			17. INFORMANT Mary Callaway	2165 Pacif		oklyn, N.
	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	110
CERTIFICATION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT				200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURR			
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	27a.1 certify that XI (this haspital) attended the deceased from sow the deceased alive a August 2 and that in (My) (aur) apinion death occurred on the date and hour and from the causes state above, At (we) (did) (did not) view the body after death.  27b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF						
	22d. PHYSICIAN'S NAME (TYPE OR PR			PHYSICIAN	DIRECTOR PHYSIC	CIAN	282
	Bruce Boller				nd General	Hospital	
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N		EMETERY OR CREMATORY	73d LOCATION		

National Com.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and change the detacked for use as the burial-transit permit. Then please remove carban papers. Figure with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or semanal TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate retained by the hospital or attending physician. BP. DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

DYETT 4600 LIBERTY HGTS. AVE.

Coorde South Car.
REGISTRAR 256. REGISTRAR'S SIGNATURE 250. DATE REC D. BY

Jonest 2, 12/2

or if armials

intastallE Prostate Jenoconcinoso

	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	0 2 2 3	
	ECEASED NAME FIRST PE OR PRINT]  MARY	S. CALVA	LAST		982	
3. SE	Female	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR SEDT: 23 1903	6. AGE (IN YEARS LAST BIRTHDAY)  8 D  YRS.	IF UNDER 1 YEAR IF UNDER 24 HI	
3.5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUNTY		
10 0	Baltimore	5612 Woodmo		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	12b, KIND OF BUSINESS ( INDUSTRY	
13o.	JAL RESIDENCE (IF NURSING HOME OF STATE Md.	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136. CITY OR TO Balti	134 INSIDE CITY LIMITS? 136 STREET ADDRESS 5612 WOODS		mont Ave. (2/239)	
DE 14. F	FATHER'S NAME FIRST	Bartyns	ki 15. MOTHER'S MAIDEN N	WIDDLE	LAST	
16a	WAS DECEASED EVER IN U.S. AF			ADDRESBalts ne Spurrier,2110	imore, 21230 Whistler Ave	
njury, ar other traumatic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	COSCLEROS S		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18 F	COUNTY STATE	
If Item 21 is		oitol) ottended the degeosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE	on death occurred on the date and hou  MEDICAL STAFF DIRECTOR   PHYSICIAN	or and from the couses stated  22c. DATE SIGNED  8/24/182	
MPORTANT	22d. PHYSICIAN'S NAME (TYPE	JYFRARO	224. ADDRESS	D PWEELOK D THISICISM D	1 -// 0-	

DHMH - 16 50M 4/82

(VRA 15, 4)

24. FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

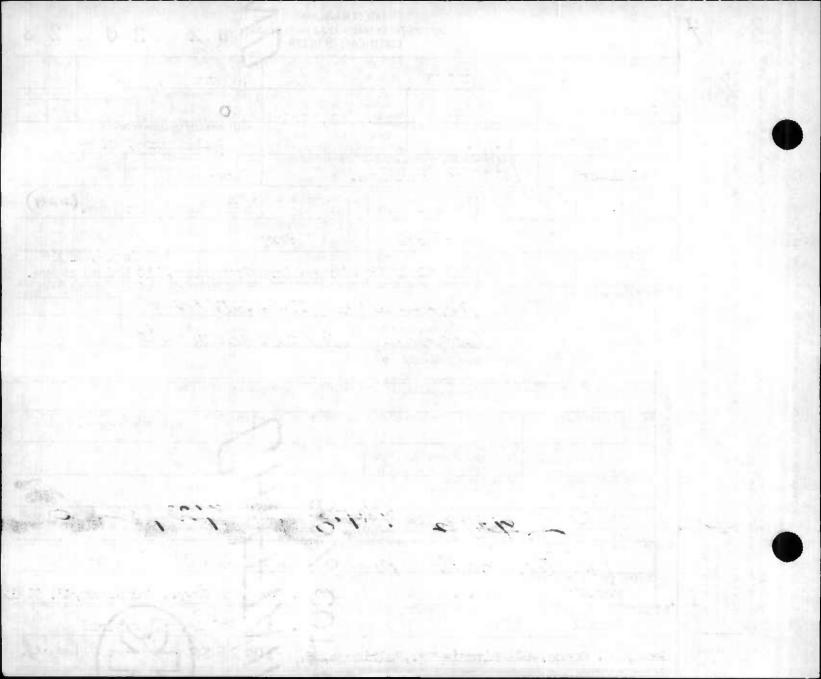
George J. Gonce, 4001 Ritchie Bg., Baltimore, Md.

23b. DATE 8/26/82

23c. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem.

Baltimore, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE THE 2 5 1987



completely filled in by the funeral director, page 3 is 1 and 2 should be filed with 172 hours offer death

4 may be

within 24 hours after

executed

requires that the death certificate be

& HOSPITAL OR ATTENDING PHYSICIAN: The low stained by the hospital or attending physician. STATE OF MARYLAND

1.	STATE REGISTRAR	OEI ANI	CERTIFICATE OF DEATH	REG. NO.	0 2 2 -
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
LITPE	ARNO	LD L. C	AMPBELL	08-	13-82 11:0
3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
	MALE	WHOTE	POS - 11 - 22	60 YRS	morning thing mooks
Ta. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
· ·	Balto. Md.	U.J.A.	WIDOWED DIVORCED	Baltimore (	itu
10. C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
	Balto. Ml.	North Charles	General Hospital	Loborer (haulle	r Lead Man
USU,	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		ity of Balto.
130	ML.	Balto.	YES NO	6511 Rosemona	Ave21206
14. F.A	ATHER'S NAME		15. MOTHER'S MAIDEN N		
		amobell	Edit	h Arnold Model	LAST
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC		ADDRESS	212
(	Yes, NO OR UNKNOWN) (IF YES, GI	WITT 215-18	-5992 Mrs. Donot	hu V. Campbell -	6511 Rosemont
		nly one couse per line for (a), (b), or			APPROXIMATE INTERVA
	PART I. DEATH WAS CAUSE	TE CAUSE (0) METAST	RTIC CARCIDO	MA BRAIN + BO	DIE BETWEEN ONSET AND DE
N.	PART 2 OTHER SIGNIFICANT (	( (c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition (	GIVEN IN PART 1(0
CERTIFICATION	198 DATE OF OPERATION	196, CONDITION FOR WHICH	HOPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
RTIF				YES NO	YES NO
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AED	21d INJURY OCCURRED	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STA
-	AT WORK AT WORK				
		ital) attended the deceased from	07-27- 198	2-10-08-13	, 1982, that (1) (we
		t) view the body ofter death.	ond that in (my) (our) opinion	on death occurred on the date and h	our and from the couses state
	22b. SIGNATURE	amhogu	DEGREE  M-DATTENDING PHYSICIAN		22c. DATE SIGNED
	224. PHYSICIAN'S NAME (TYPE OF	PRINT) PMBOA	22e. ADDRESS N-CHAPO	VES GENERAL	+65P17A
23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	EDUNTY STA
				Tagget and granters and a	
1	Burial	8-16-82	Perkwood (emeteru	Balto. Md.	
	Burial UNERAL DIRECTOR	nc-6415 Belair R		10 A.	STRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cashould be detached for use as the burial-transit permit. Then please remove carbonpapers-Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

A SECTION OF THE SECT en'orie, ort haries enemal cential govern had on em an it of the section Colto, and the committee of the doma Mila Tailor " " 103 = 11/1 = 11-11-1192 ps. 1000 m. amiles - 11/1 assent was 프랑스 프랑스트 아들은 중 되었는데 이번 모르는데 그리고 있는데 그렇게 하는데 그 속이라고 있다. with the street of the street of the street our, item incomes of society, -11.00

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retoined by the haspital or attending physicion.

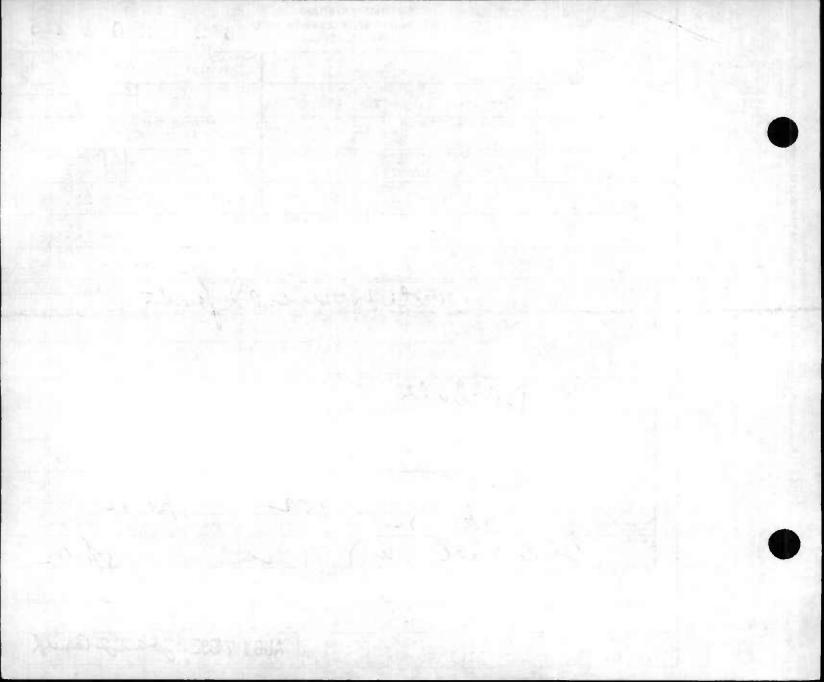
attending physicion.

executed within 24 haurs ofter death. Page 4 may be

	1	OR		DIDAG		E OF MARYLAND			- 10	11 A 11
1	- S R	STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYC ICATE OF DEATH	REG.		0 2	2 =
	1 DECE			WIDDLE		AST	26. DATE OF DEATH			26 HOUR
		Sar		T.		bell	August		1982	
Ī	3. SEX	emale	4 RACE Bla	nck	5. DATE C		6 AGE (IN YEARS LAST I	35	FUNDER I YEAR	IF UNDER 24 H
75	7a. BIRTH	HPLACE (STATE OR FOREIG	Th. CITIZEN OF	WHAT COUNTR	MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY Baltin	OR COUNTY CONCE C		
Coop Coop		OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	FET ADDRESS)	DR OTHER INSTITUTION  St.	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	TION		OF BUSINESS
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35	13a. STA	MD 13b	COUNTY	13c CITY OR TO Balti	ore admission) OWN More	13d INSIDE CITY LIMITS? YES MO []	13. 1509 PES	Lanva	ale S	t.
Dag	14 FATH	ER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
200		-	MIDDLE	Jeffe	rs	Franci	S	- 1	Washi	ngton
lcol		S DECEASED EVER IN U		166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADD	RESS		
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troumc	9	Conditions, if ony, wh gave rise to immedia	ich (b)_	DR AS A CONSEC	DUENCE OF	V	0			
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sm 21 is marked ar Hem 18 shows ony injury, or ather troumd	MEDICAL CERTIFICATION	gave rise to immedia cause (a), stating of cause (a), stating of cause in the cause of cause in the cause of ca	ich (b) to the control of the contro	OR AS A CONSECTION OF INJURY  A.M. MONTH  P.M.  OF INJURY  TREET, FACTORY, OFFICE  The deceased from	DUENCE OF  O DEATH BUT  CH OPERATION  DAY YEAR  19  E FARM, ETC.)	21c. HOW INJURY OCCURI	200 AUTOPSY?  YES NO RED (ENTER NATURE OF IN.	20b. IF YES, IN CERTIFY! YES JURY IN ITEM 18 PAR	WERE FIND IN ING CAUSES  OTHER PART 2)  COUNTY	NGS USED OF DEATH? NO   STATE  that (I) (we) causes stated
ANT: If Item 21 is marked ar Item 18 shows ony injury, or ather troumd	MEDICAL CERTIFICATION  130  150  150  150  150  150  150  150	gave rise to immedia cause (a), stating (cause (a), anderlying cause (cause)  ART 2. OTHER SIGNIFIC  DATE OF OPERATION  ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX  IN INJURY OCCURRED  WHILE NOTIFY MEDICAL EX  MILE NOTIFY MEDICAL EX  AT WORK  OF I certify that (I) (this sow the deceased of	ich (b) to the control of the contro	OR AS A CONSECTION OF INJURY  A.M. MONTH  P.M.  OF INJURY  TREET, FACTORY, OFFICE  The deceased from	DUENCE OF  O DEATH BUT  CH OPERATION  DAY YEAR  19  E FARM, ETC.)	216. HOW INJURY OCCURION STREET  d that in (my) (aur) apinion  DEGREE  ATTENDING	200 AUTOPSY? YES NO CITY OR I	20b. IF YES, IN CERTIFYI YES JURY IN ITEM 18 PAR TOWN  date and haur of	WERE FIND IN ING CAUSES	NGS USED OF DEATH? NO   STATE  that (I) (we) causes stated
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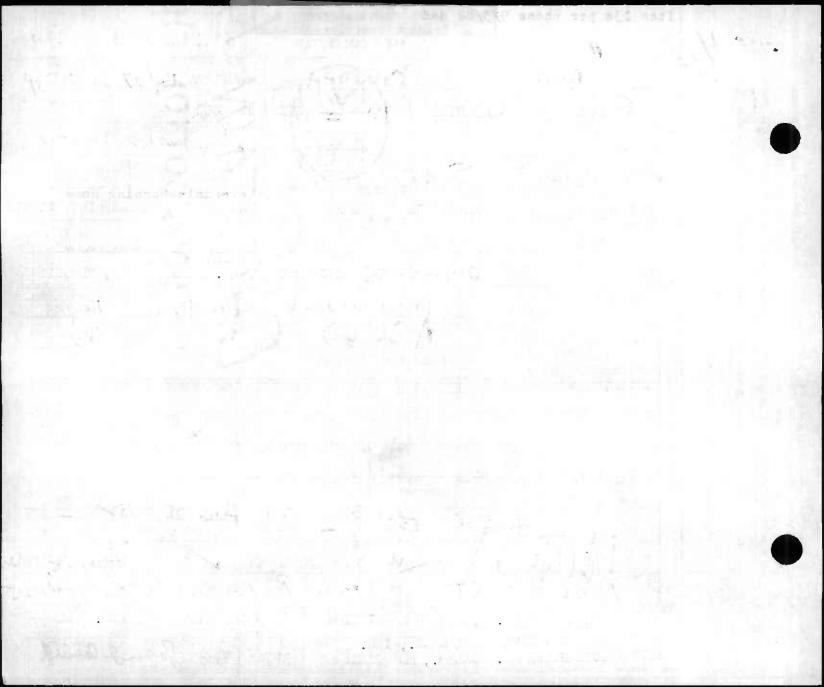
1101 E. North Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)



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	TO HOSPITAL OR ATTENDING PHYSICIAN, The retained by the hospitol or ottending physician.
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72	1	FOR STATE REGISTRAR CEASED NAME FIRST		STATE OF MARYLAN MENT OF HEALTH AND MI CERTIFICATE OF DE	ENTAL HYGIEN	REG. NO.	2 0 2	2 6
		AD A	I. RACE	CANDEA S. DATE OF BIRTH 3/	+	AUGUST 4	28/82	IF UNDER 24 HR
		-EMALE	W HITE	TO 3	XXXX	83 XXXXX	YRS. DAYS	HOURS MI
35 Phu 72 Ph	N	MARYLAND	USA	MARRIED NEVER MA	ORCED	BALTIMORE CITY OR	COUNTY OF DEATH	(TY)
filed with		BARTIMONE	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTIT	TUTION 126	YPE OF WORK FOR MOST OF WITH THE WORK FOR WI		F BUSINESS C
hould be	13a S	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT MARYLAND	OTHER INSTITUTION GIVE RESIDENCE BEFORE  13 CITY OR TOWN  BALT IMORE	N 13d. INSIDE CITY		Levendale BELVEDERE 8	Nursing Ho	NG #21
300 S	14_F/	ATHER'S NAME PAUL  PAUL	PARIS	15. MOTHER'S A	ÖRA	WIDDLE	UNIIINO	
ers. Pages 1	16a V	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 214-44	. 1		ON STANDERS T RD. RANDA	WEIS ALLSTOWN, MI	
n signed by the attending. Then pleose remave carbon to burial, cremation, ar reinjury, ar ather traumatic ex	NOI	Conditions, if ony, which gave rise to immediate cause to, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D		O THE TERMINA	L DISEASE OR CONDIT	TION GIVEN IN PART 110	3
rit permit.  rgiene priar shows any ii	CERTIFICATION	190 date of operation	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	MED	20a AUTOPSY? 2	ROB. IF YES, WERE FINDING CAUSES YES TO	GS USED OF DEATH?
prial-transi prial-transi lentol Hyg ltem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	JRY OCCURRED	(ENTER NATURE OF INJURY IN	N ITEM TO PART 1 OR PART 2)	
as the butter this as the butter this and Water or arked or	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	ARM, ETC.) 211. LOCATION		CITY OR TOWN	COUNTY	STATE
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D. E		22b. SIGNATURE	The state of the s	PH PH	TENDING MIYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN	JL.	SIGNED
state Dept. o		224 PHYSICIANISMANA		22e ADDRESS	2	1 1 1	11 // -	
Z d d d		22d. PHYSICIAN SWAME (TYPE OF	), CIST	2434	f Da	Victers	AV Ball	f Mid 21
	23a. B	URIAL CREMATION REMOVAL BURIAL	), CIST	2434 AAREI ZION CRE	F D&	VICLEY E	BALTO.	MD MATE



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#### STATE OF MARYLAND

FOR STATE REGISTRAR		DEPART	MENT OF HEA			IENE	3 2 REG. NO	2	2 0	2 2	2 7
1. DECEASED NAME	FIRST	WIOOFE	LAST			20 DATE O	_	ONTH C	DAY YEAR	2b H9	32
	Selena	Marie	Car	lile		1	TUG !	18,	1482	1/3	A M
3. SEX	4 RACE		5. DATE OF	DAY	YEAR -	6 AGE (IN	YEARS LAST BIRTH		IF UNDER 1 YEA		R 24 HRS
FEMA	E	White	Oct.	24,	1979	2	2	YRS			100,100
BIRTHPLACE (STAT	E OR FOREIGN 76 CITIZ	EN OF WHAT COUNTRY?	MARRIED (	☐ NEVER A	AARRIED S	9 BALTIMO	RE CITY OR		- / 1		
MARYLA	NO	U.J.H.	WIDOWED[		ORCED	BH	LTIM	ORE	· Ci	TY	MD
CITY OR TOWN OF	DEATH III. NA/	ME OF HOSPITAL, NURSIN DT IN SUCH FAMILITY, GIVE STREET	AOORESS)	OTHER INST	ITUTION		OCCUPATIO		INDUSTR'	OF BUSIN	ESS OR
DALIM	DRE LIN	V. MARYLA	AND H	55DM	AL	N	I/A		]	N/A	
MARKAN	ANNE AR	130 CITY OR TOY	URNIE	NSIDE C	NO 🔀	13e. STREET	ADDRESS D	SIMI	ARK	3	
M. FATHER'S NAME WAYNE	5. MIDDLE	CARLICE	SR. 15	MOTHER'S	MAIDEN NAM		M.		Vas	EL	
160 WAS DECEASED E	VER IN U.S. ARMED FOR	(ATES)		7. INFORMA	11100		ADDRES	-	me a	s #	13
No	NA	NON		Mrs.	Sandr	a M.	Carli	.1e			
18 CAUSE OF D PART I. DE AT	EATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE	use per line for (o), (b), on	ac A	PORE	57				BETWEE!	XIMATE INTE NONSET ANI	RVAL D DE ATH
Conditions, if gove rise to cause (a), so underlying co	ony, which immediate toting the DUE	TO, OR AS A CONSEQUE	Low	CAR	DIAC	Outj	PUT				
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190 DATE OF OPI	2, 1982 19b.	CONDITION FOR WHICH	4 of	WAS PERFO	LOT	20a AUTO		206. F YES, IN CERTIFY YES	WERE FIND (ING CAUSE	INGS USE S OF DEA NO [	TH?
OR CONTRACTOR		TIME OF INJURY OUR A.M. MONTH D. P.M.		It HOW IN	JURY OCCURR	ED (ENTERN.	ATURE OF INJURY	IN ITEM 18 PA	RT I OR PART 2)		
UF EITHER NOTIFY  21d, INJURY OCC  WHILE NO AT WORK		PLACE OF INJURY IOME, STREET, FACTORY, OFFICE, F		II. LOCATIO	N		CITY OR TOW	ų	COUNTY		STATE
sow the dec	e) (aid) (did not) view th	ded the deceased from 19 de body after death.	82_, ond 1		, 19	, to deoth accurre	ed on the date	ond hour	9nd from th	, that (I) ( e couses st	(e) lost toted
22b. SIGNATURI	inthony	Morell	m ne		TTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIA	N [	08	18/	82
22d. PHYSICIAN	NAME (THE COMPANY)	Modera		LINI	v. MA	RYLA	ND A	lospi	TAL		
230. BURIAL, CREMATION (SPECIFE BUria	ON, REMOVAL THE DE	Aug. 82 N	NAME OF CEM	ridae	REMATORY Mem	Pk . CIT		lae.	Howa	rd.	MTD.

TO FUNERAL DIRECTOR. After this should be detached for use as the bound he State Dept. of Health and M

IMPORTANT: If Item 21 is

DHMH - 16 50M 1/81 (VRA 15, 4)

21 Aug. 82 Meadowridge Mem. Pk. Elkridge, Howard, MD.

Funeral Home MD. Burnie

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH Dorothy Carpenter 82 10:15 AM 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Female April 20, 1923 White BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Hebbville, MD. U.S.A. Baltimore City NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Union Memorial Hospital Baltimore (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto.Co. Board of Education 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Pikesville 418 Milford Mill Road NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Albert Talbert Carrie Macken 17 INFORMANT Mr. Bernard Carpenter 166 SOCIAL SECURITY NO No 418 Milford Mill Road Balto. MD. 21208 217-18-9024 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH II. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY Colon CAncer Dukes D Advanced mos IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a Aspiration pneumonia 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bowel obstruction 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE Myust 22a. I certify that (1) (this hospital) attended the deceased fram August 1982 sow the deceased alive on HUGUST above, (1)(we) (did (did nat) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 82 PHYSICIAN DIRECTOR PHYSICIAN 220 PHYSICIAN'S NAME (TYPE OR PRINT)
Denise Bayusyik, M.D. 22e ADDRESS Union Memorial Hospital 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE Burial 8-3-82 Lake View Mem. Park Sykesville, Carroll, Ma 44 FUNERAL DIRECTO Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

DHMH - 16 50M 1781 (VRA 15, 4)

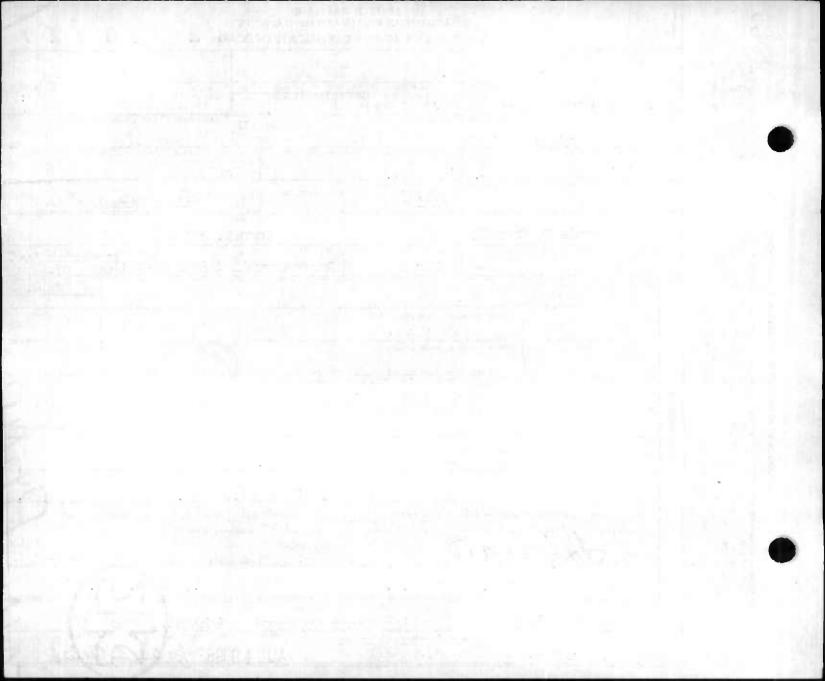
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE

(VR A15 ME (5)) 20M 4/82



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond campletely fishauld be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 shawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

injury, or ather traumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

# FOR STATE REGISTRA DECEASED NA

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

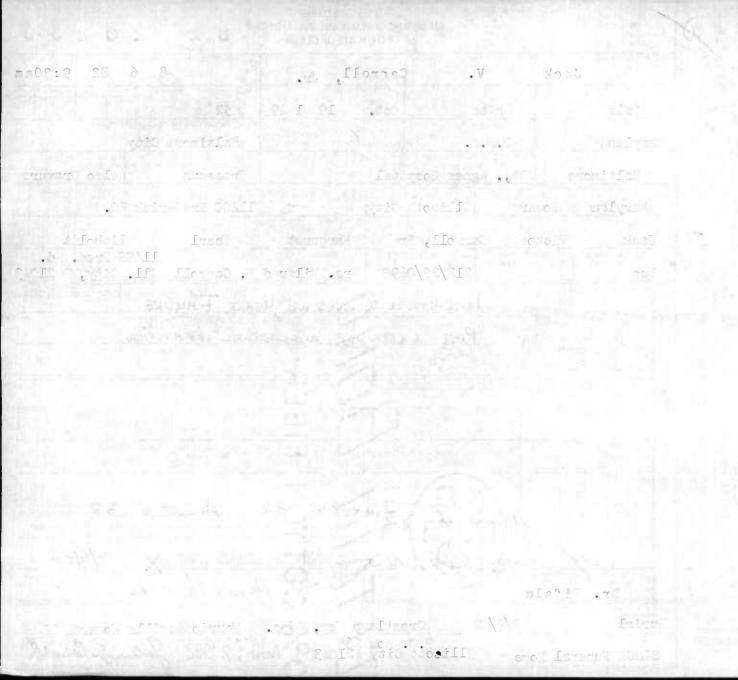
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	Com.	En.	U	la	1	-
	PEG NO					

REGISTRAR		CERTIFICATE OF DEATH	REG. N	NO.	
DECEASED NAME FIRS	T MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
(TYPE OR PRINT) Jac	k V.	Carroll, Jr.		8 6	82 9:30
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF UNDI	ERTYEAR IF UNDER 24 HI
Male	White	Octa 19 19	929 52	YRS.	DAYS HOURS MI
BIRTHPLACE (STATE OR FOREIG		ITRY? 8	9 BALTIMORE CITY		HTA
Maryland	U.S.A.	MARRIED NEVER MARRIE	D - 7 1: 4	re City	
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	ON 12a. USUAL OCCUPA	TION 12b.	. KIND OF BUSINESS (
Baltimore	St. Agnes Ho		Pressman		lco Gravur
USUAL RESIDENCE (IF NURSING HE	ME OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	4		200 010,401
190	OUNTY 136 CITY OR Ellic		THE THE R. LEWIS CO., LANSING	derick Rd	
4 FATHER'S NAME		15. MOTHER'S MAID		COLION INC	•
Jack Vi	ctor Carroll	Sr Margaret	Pearl	Ti	eboldt
60 WAS DECEASED EVER IN U.		SECURITY NO. 17, INFORMANT	ADDI		Fred. Rd.
YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	8/0698 Mrs. Mile	red E. Carrol		ity,MD 210
			Ted N. Oatlor.	I MILLO U.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART I. DE ATH WAS C		/0	Ileno In	lure -	SETWEEN ONSET AND DEAT
4120 MM	EDIATE CAUSE (a) NTRAC	TABLE CONGESTIVE	Henia Fri	cuice	
	DUE TO, OR AS A CONS				
Conditions, if any, which	h ( 16) 195T	EXTENSIVE WWW	CARDUAL INFI	ARCTION	
gave rise to immedia					
underlying cause las		SEOUENCE OF			
onderlying coose id:	(c)				
PART 2 OTHER SIGNIFICA	INT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR COM	NDITION GIVEN IN	PART Ital
0					
5 19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	E FINDINGS USED
<u>=</u>			YES NOT	YES []	CAUSES OF DEATH?
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	110110 111 110110	21c HOW INJURY (	OCCURRED (ENTER NATURE OF INJ		
		DAY YEAR			
OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL EXA  21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION			
AND MALLE	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC ) STREET	CITY OR T	OWN CO	DUNTY STATE
AT WORK AT WORK		Jaly 29 10	×2 Aug	IST / S	-2
saw the deceased ali	haspital) Atended the deceased for	19 52, and that in (my) (our) a	nines double secured - the		that (I) (we) la
above, (I) (we) (did) (a	id nat) view the bady after death		pinion death accurred on the c		
22b. SIGNATURE	D DE DE	DEGREE	UNIC MEDICAL ST	AFF \	C. DAJE SIGNED
Uj.	Scalles feels	M.O. PHYSIC			8/6/82
228 PHYSICIAN'S NAME	TYPE OR PRINT)	22e ADDRESS	0 11		
Dr. Pif	alo	77	- Hones Ho	SPATAL	
30 BURIAL, CREMATION, REMO	OVAL 23b. DATE	230 NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION		
Burial	8/9/82	Crestlawn Mem, Go	ns: Marriat	tsville H	Direct
4 FUNERAL DIRECTOR	1		Sa. DATE REC'D. BY REGISTRAF		SIGNATURE
SLÄCK Funeral	Home Ellis	Ett City 21043	AUG 1 2 1982	John.	I Cowell
			-	1//	

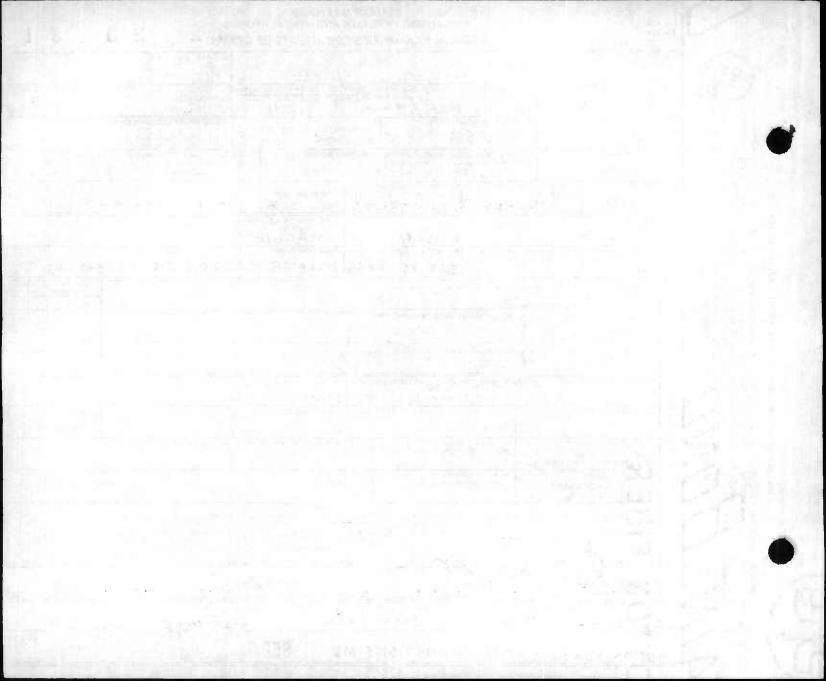
DHMH - 16 50M 1/B) (VRA 15, 4)

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retained by the hospital or ottending physician.



			STATE OF	***************************************			
	FOR STATE .		MENT OF HEALT		HYGIENE	20	2 7
	REGISTRAR		EXAMINER'S	CERTIFICATE	OF DEATH REG.		~ 0
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE KNOWN	MONTH D	DAY YEAR 2b.
	RUTH	W.		CARROLL	OF ESTI- DEATH MATED	B 8 31	1 19 82
. SE)	4. RACE	5. DATE OF BIRTH		NDER 1 YR. IF UNDE		п нтиом	DAY YEAR 2d
	FW	12 09 1924	LAST BIRTHDAY) MON	THS DAYS HOURS	MIN. PRONOUNCED DEAD	8 3	1 1982
	RTHPLACE (STATE OR	76 CITIZEN OF WHAT COU	NTPV2		9 BALTIMORE CIT	Y OR COUNTY	
FC	MD -	USA		RIED NEVER MARI		City	
II CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	URSING HOME, OR OT		12a USUAL OCCUPATION		KIND OF BUSIN
	Baltimore	University			FOR MOST OF WORKING LIFE)		OR INDUSTRY
	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	CE BEFORE ADMISSION)	Les more out out on			
Ja. 5	TATE MD 13h COU		AMBRIDGE	YES NO	R+- 1 B	OX 34	0
4. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	EN NAME MIDDLE		LAST
	LEONARD		EATLEY	MAGG			
	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SO	CIAL SECURITY NO.	17. INFORMANT	ADDR		
, ,,	NO Pres, GIV	219	8-16-5835	DELMAR	CARROLL JE	1. ITE	M 13
	18 CAUSE OF DEATH (Enter o	only one couse per line for (o), (b	b), ond (c);)			I	APPROXIMATE INTE
	PART I DEATH WAS CAUSI	ED BV	cerebral he	morrhage			BETWEEN ONSET AND
	4310 MMEDIA	DUE TO, OR AS A CO					
	Conditions, if any, which						
	gave rise to immediat cause (a) stating the under		NSEQUENCE OF				
	lying cause last.	4.5				-	
	PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN P	APT 1 (a)		
N			osis of the				
ATK	19a. DATE OF OPERATION		WHICH OPERATION V			1:	20 AUTOPSY?
FIC	11.2	6.					YES 🛣 N
-	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. F	OW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
W.	UNDERLYING OR	HOUR A.M. MONTH	1 DAY YEAR				
AL CER	ICONTRIBITING I ICALISE OF	TOPATHI DAA	10				
DICAL CER	CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED	21e PLACE OF INJUR		DCATION			
MEDICAL CERTIFICATION	21d. INJURY OCCURRED WHILE NOT WHILE		Y (AT HOME, 21L LC	OCATION STREET	CITY OR TOWN	COUNTY	Y
MEDICAL CER	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM,	Y (AT HOME, 211 LC	STREET			
MEDICAL CER	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  22a   Certify that I took chair	21e PLACE OF INJUR STREET, FACTORY, FARM,	Y (AT HOME, 211 LC	psy , Inspection	on , Inquiry ,	COUNTY and in my opinic	
MEDICAL CER	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  22a   Certify that I took chai	21e PLACE OF INJUR STREET, FACTORY, FARM,	Y (AT HOME, 211 LC	STREET			
MEDICAL CER	21d. INJURY OCCURRED WHILE AT WORK  22a   certify that I took chai death resulted from: Note	21e PLACE OF INJUR STREET, FACTORY, FARM,	Y (ATHOME, 211 LC ETC.)  Dave, held on Auto	PSY X, Inspection  Homicide TITLE (SPECIFY)	on , Inquiry , Undetermined manner	and in my opinic	no
MEDICAL CER	21d INJURY OCCURRED WHILE AT WORK  22a   Certify that I took chai death resulted from: Nation	21e PLACE OF INJUR STREET, FACTORY, FARM,	Y (ATHOME, 211 LC ETC.)  Dave, held on Auto	PSY X, Inspection  Homicide TITLE (SPECIFY)	on , Inquiry ,		
MEDICAL CER	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK  22a I certify that I took chai death resulted from: Nati	21e PLACE OF INJUR STREET, FACTORY, FARM,	Y (ATHOME, 211 LC ETC.)  Dave, held on Autor	psy X, Inspection  Homicide TITLE (SPECIFY)  M.D. Assistan	on , Inquiry , Undetermined manner	and in my opinion,  DATE SIGNED	9 <b>-1-</b> 82
23a. B	21d. INJURY OCCURRED WHILE AT WORK  22a   certify that   took chai death resulted from: Note  ACTUAL SIGNATURE  EXAMINER'S JAME (TYPE OR PRINT)  URIAL, CREMATION, REMOVAL	21e PLACE OF INJUR STREET, FACTORY, FARM.  rge of the remains described ab ural causes Accident  nn M. Dixon, M.  236. DATE 236.	Y (ATHOME, 211 LC ETC.)  Dave, held on Autor	psy . Inspecting .	Undetermined manner  The MEDICAL EXAMINER  The Penn St., Balt	and in my opinion,  DATE SIGNED	9 <b>-1-</b> 82
73a.B	21d. INJURY OCCURRED WHILE AT WORK  22a   Certify that I took chai death resulted from: Nati SCHATURE  EXAMINER'S NAME   Ar (TYPE OR PRINT)  REMATION	21e PLACE OF INJUR STREET, FACTORY, FARM.  rge of the remains described ab ural causes Accident  nn M. Dixon, M.  23b. DATE 23c.	Y (ATHOME. 211 LC ETC.)  DOVE, held on Auto  Suicide  NAME OF CEMETERY (	PSY N. Inspection  I Homicide TITLE (SPECIFY)  M.D. ASSISTAN  ADDRESS 111  OR CREMATORY	Undetermined manner  Undetermined manner  MEDICAL EXAMINER  Penn St., Balt  1334 LOCATION CITY OR TOWN  BALTIMORE	DATE SIGNED.	9-1-82 21201 MDSTATE
23a. B	21d. INJURY OCCURRED WHILE AT WORK  22a   Certify that I took chai dooth resulted from: Nati ACTUAL SCINATURE  EXAMINER'S MAME (TYPE OR PRINT)  URIAL, CREMATION, REMOVAL SPECIFY)	21e PLACE OF INJUR STREET, FACTORY, FARM.  rge of the remains described ab ural causes . Accident  nn M. Dixon, M.  23b. DATE 23c.  ADDRESS	Y (ATHOME. 211 LC ETC.)  DOVE, held on Auto  Suicide  NAME OF CEMETERY (	PSY N. Inspection  I Homicide TITLE (SPECIFY)  M.D. ASSISTAN  ADDRESS 111  OR CREMATORY	Undetermined manner  Undetermined manner  MEDICAL EXAMINER  Penn St., Balt	DATE SIGNED.	9-1-82 21201 MDSTATE



O HOSPITAL OIL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afterned by the hospital or attending physician.

DHMH-16.50M 1/61 (VRA 15, 4)

REGIST	RAR				ICATE OF DEATH		REG. NO.	202
(TYPE OR PRINT)	NAME FIRST		MIDDLE	L	AST	2a. DATE	OF DEATH MONTH	DAY YEAR 2
( ITPE OR PRINT)		JESSE	L.	CART	ER		8	282
3. SEX		4 RACE		5 DATE C			IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR
Mal	е	В1	lack	MONTH 3	2 DAY YEAR	3	39	MONTHS DATS
70 BIRTHPLAC	E (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9. BALTIA	AORE CITY OR COU	INTY OF DEATH
N . Ca	rolina	T	JSA	WIDOWE	D NEVER MARRIES		ALTIMORE	CTMV
	OWN OF DEATH	11. NAME OF		NG HOME C	OR OTHER INSTITUTION	N 120 USU	AL OCCUPATION	12b. KIND OF E
4	TIMORE	UNI	ON MEMORI	LAL HO	SPITAL	(TYPE OF V	ORK FOR MOST OF WORKI	NG LIFE) INDUSTRY
13a. STATE	NW CO	OR OTHER INSTITUTION	13c. CITY OR TOW	VN	13d INSIDE CITY LIMI	TS? 13e. STRE	ET ADDRESS	h Avenue
Maryl			Baltim	ore	YES 🔣 NO		E. Nort	h Avenue
4 FATHER'S	IAME IRST	MIDDLE	LAST		15. MOTHER'S MAIDE		WIDOLE	LAST
	sie	W.	Carte		Pauli	ne		Cole
(YES NO OR	EASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	URITY NO.	17 INFORMANT		ADDRESS	
N/			246-66-	0163	Virginia	Carte	r 1132 E	. North
18 CAL	SE OF DEATH (Enter	only one couse pe	er line for (a), (b), or	nd (c).				APPROXIMA BETWEEN ON
PAR	I. DEATH WAS CAUS	SED BY:	PARN	16-1	RESPIRA	TARV	ARRES	7
	MAMEDI	ATE CAUSE (o)	CHILL	10 1	000/ 1/0/1		1111000	,
-	030	DUE TO, C	DR AS A CONSEQU		IVER FI	011111	25	=6 mc
Gondi	ons, if ony, which	(b)_	CHRONI	166	IVER I	11601	28	6000
couse	(o), stoting the	DUE TO, C	OR AS A CONSEQU	ENCE OF	FTDH	ABUS	E	many
Underi								
	OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE			CIVEN IN DART 1
PART 2	OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING	DEATH BUT	NOT RELATED TO THE			GIVEN IN PART 16
PART 2	OTHER SIGNIFICANT  SPURO TO E OF OPERATION	richos	15-1	DISSE	mina +	TERMINAL DISE	ASE OR CONDITION	
PART 2	Sporo to	richos	15-1	DISSE	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION	FYES, WERE FINDING ERTIFYING CAUSES OF
PART 2	Spuro to	19b CONE	OITION FOR WHICH	DISSE	em ina 4 N WAS PERFORMED	TERMINAL DISE	ASE OR CONDITION  ITOPSY?   20b. If IN CE	FYES, WERE FINDING RTIFYING CAUSES OF YES
PART 2	Sporo to	19b COND	15-1	OPERATION	mina +	TERMINAL DISE	ASE OR CONDITION  ITOPSY?   20b. If IN CE	FYES, WERE FINDING RTIFYING CAUSES OF YES
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STATE OF MARYLAND

JESSIE CARTER

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in should be detached for use as the buriol-transit permit. Then please remave carbonopers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

## STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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la Rii	IRTHPLACE (STATE OR FOREIGN	NEG	WHAT COUNTRY? 8.	NOV. 13, 1900		RS.
	VIRGINIA		08 A	MARRIED NEVER MARRIED		
0. CT	ITY OR TOWN OF DEATH			MIDOWED DIVORCED [ HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINES
-	BALTIMORE	LEATO	The second secon	1L CENTER	(TYPE OF WORK FOR MOST OF WORK)	CHAUFFEUR
13a. S	AL RESIDENCE (IF NURSING HOME ( STATE 13b COL		13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
	ATHER'S NAME		BALTIMOR	YES Y NO	124 W. FRAN	WKLIN ST. APT.
	CNARLES	WIDDLE	CARTER	FIRST	MIDDLE	RANDATI.
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY		ADDRESS	TO A THE
	NO	WAR ON DAILS)	218 10 29	67 MRS. SADIE	E. CARTER 124	W. FRANKLIN ST
	18 CAUSE OF DEATH (Enter	anly ane cause per	line for (a), (b), and (c	Ø.1		APPROXIMATE INTRVA BETWEEN ONSET AND DE
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4 mb)	3. SEX	Female	4 RACE Black	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
(M) 47	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)  LSh., D. C.	76 CITIZEN OF WHAT COUNTRY? U. S. A.	MARRIED NEVER MARRIE	Baltimore Ci	ty Maryland MD.
offer of the same	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET A  Baltimore City	ADDRESS)	DN 12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Domestic	126 KIND OF BUSINESS OR INDUSTRY Pvt. Family
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MARYLAI ed within mpletel ond 2 sino		THER'S NAME Luther	Moore Moore	15. MOTHER'S MAID Bell	DEN NAME	Chase
IMORE,		VAS DECEASED EVER IN U.S. AF	ARMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANTBE	altimore,M&PDRES212 arjorie A. Colem	Road an 637 Woodingto
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT  ING PHYSICIAN: The low requires that the death certificate is cottending physicion.  Wher this certificate has been signed by the ottending physicio os the buriol-tronsit permit. Then please remove carbon papers than and Mental Hygiene prior to buriol, cremotion, or removal.  orked or frem 18 shows ony injury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse 10), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	E TERMINAL DISEASE OR CONDITION C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Z. U.J.C.S.  GIVEN IN PART 1/0
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TTENDI or pritol or use of Heol		220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	pital) attended the deceased from		gpinion death accurred on the date and h	
HOSPITAL Or onned by the FUNERAL DI ould be detock in the Stote DR oor ANT. If h		276. SIGNATURE  RICHARD M.  270. PHYSICIAN'S NAME (TYPE)  RICHARD M.	1. Adds. HODES, MD	DEGREE MD ATTENE PHYSIC  220 ADDRESS BALLIM	CIAN DIRECTOR PHYSICIAN	22. DATE SIGNED 8/Z/8Z
2 5 5 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	230 E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	- 1 - 1	Nat'l Mem.	CITY OR TOWN	el Co.Maryland
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FL He	INERAL DIRECTOR BALT	IMURE AOORES MO TER FUNERAL HOME	1. 2/2/6 2	SA DATE REC'D, BY REGISTRAR 256, REG	

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campi should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages I must the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND

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## FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAN		•••••		REG. NO.	
I. DECEASED NAME FIRST	MIDDLE	L	AST .	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
TYPE OR PRINT INCENT	ANTHONY	CEFALU		8 7	7 82 4:30A M
3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	May 3	, 19ô7 YEAR	75 YRS.	MOINTAS DATS HOURS MIN.
70. BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	Y OF DEATH
Maryland	U.S.A.	WIDOWE		BALTIMORE, CIT	TY MD
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR
Baltimore	VAMC, BALTIMO	ORE, MAR	RYLAND	Produce	TINDOSTKI
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COL			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
Maryland	Baltir		YES NO	1668 Northbour	ne Road, 21239
14. FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST
Giovanni	Cefal:	u	Frances	Pa	lmisano
160 WAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	13716REBaldw	in Mill Rd.
Yes no or unknown) (IF YES G	II 212-16	6-4419	Mss. Rita Ga	angi, Baldwin Md.	21013
	only one couse per line for (o), (b	o), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DE ATH WAS CAUS	ATE CAUSE (o)	resper	atory ar	rest	
1629	DUE TO, OR AS A CONS	EQUENCE OF			11 2 111
Conditions, if any, which	( (b)	edens ca	recurrence of	lung	6 months
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	U	U	
underlying couse last.	(c)				
	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 110
TOL					
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		11. HOW IN HIRV OCCUR	YES NO YE	ES NO
		DAY YEAR	TIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
GRECONTRIBUTING CAUSE OF DI  GIF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION		
WHILE ! NO! WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		7-29	3900 LOCH R	AVEN BLVD., BALTO	0.0
	pital) attended the deceased fr	om OO		death occurred on the date and how	* * * * * * * * * * * * * * * * * * *
obove, & (we) (did) (25 & 22b, SIGNATURE	n t) view the body ofter death.		DEGREE	death accorded by the date and not	
220. SIGNATURE	lose of m	Paine.	n. ATTENDING	_ MEDICAL _ STAFF/	22c. DATE SIGNED
226. PHYSICIAN'S NAME 1971	ough M.	reucy	PHYSICIAN [	DIRECTOR PHYSICIAN	10/1/02
TAR LILLOICIMIA DIAWAE TANA	U	V	ITE. ADDRESS		

DHMH - 16 50M 4/82 (VRA 15, 4)

tained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbanapaers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

medical

injury, or other troumotic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204

23b. DATE 8-10-82

23c. NAME OF CEMETERY OR CREMATORY
Dulaney Valley Cockeysville

Maryland Maryland

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. ossitol or otherdring physician.		Page	
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IMPORTANT:

24 FUNERAL DIRECTOR

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH YE AR 26 HOUR TYPE OF PRINTE BABY GIRL CHANEY 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 4 HRS MONTH DAY FEMALE WHITE **AUGUST 10 1982** 30 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND USA WIDOWED DIVORCED BALTIMORE CITY MD O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL WOUAL RESIDENCE (IF NURSE HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS OUNTY 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE YES KI NO P 1810 COLONIAL ROAD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDOL LAST MIDDLE FIRST MICHAEL LEE CHANEY BELINDA BUCKLEY ANN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWNS NO NO NONE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on. and that in (my) (our) opinion death accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ADDRESS WILLIAM SPENCER-STRONG, M.D. UNION MEMORIAL HOSPITAL 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY Removal 8/20/82

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HOSPITAL

DHMH-16 30M 2/80 (VRA 15, 4)

ANATOMY BOARD OF MARYLAND Balto., Md.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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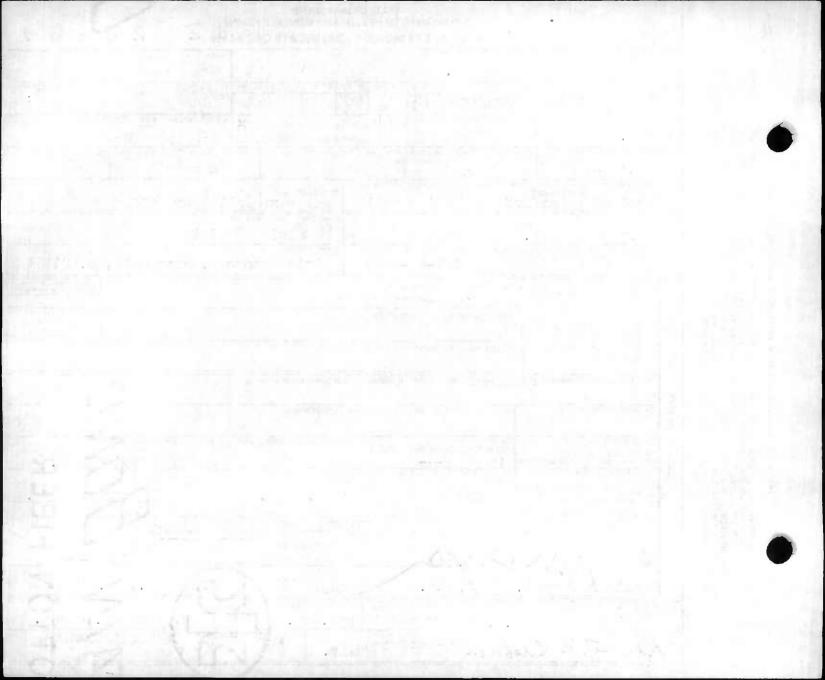
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Bri n ci	RTHPLACE (STATE OF	100	7. 17. 20		5. DATE C	OF BRITH	a. AGE	IN TEARS LAND	THERE) 7	POPULE TYPE	HOURS.
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	TY OR TOWN OF DEA	ATH 11.		DSPITAL, NURSIN		OR OTHER INSTITUTE		SUAL OCCUPATION WOLLO		13s KIND O INDUSTRY	F BUSINE
	ltimore	3		dhurst	0.000	21210		louse Ho.			e Hol
Ulu S	L RESIDENCE IF NOT	HIS HOME OF OTH		NE CITY OR TOW		1134. INSIDE CITY LIA	MES?   116 ST	REET ADDRESS			
N	ld.	Baltim		Baltimo		YESX NO		4 Wyndh	urst A	ve 212	10
14. FA	THER'S NAME	MDD	ud.	1457		15 MOTHER'S MAK		wood			
)	William	Fran		Chanev		Elear	nor	- manual		Welch	AV.
	AS DECEASED EVER		FORCES? I	ME SOCIAL SECU		17 INFORMANT	0/	/ ADDRE	55	1	
	No		C	214-22-	2/11	William	CHANRY	Cothe	9W 11	No.	
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	cause (a), status underlying couse	ig the	DUE TO, OR	AS A CONSEQU	ENCE OF					100	
	underlying couse	. Hast.	c								
3	PART 2 OTHER SIGN	VEICANT CON	IDITIONS CON	TRIBUTNG TO	DEATH BUT	NOT RELATED TO TH	HE TERMINAL D	SEASE OR CON	DITION GIVE	N.IN PART TO	nji:
CERTIFICATION	IVa. DATE OF OPERA	HON	1% CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	70e	AL/TOPSY7		WERE FINDS	
- 5	21a. ACCIDENT WAS UND	To Secure	71h. TIME OF	LI HOU		The now will be	YES		YES	had	NO [
	OF CONTRIBUTING			MONTH D	AY YEAR	TIL HOW INJURY	OLCUMRED TO	THE PARTURE OF INSUR	77 PN 75EW 18, FAR	H ( OR FART 2)	
MEDICAL	LE FRIEK HOTEY MEDI	CALERAMPER)	P.M		19	100000000000000000000000000000000000000					
WED	214 INJURY OCCUR	one.	THE PLACE OF	T. FACTORY CHECK!	FallM, ETC.)	TH LOCATION	-/	CIN OR 10	WHY.	countr	
	WHAT DISCHING	i Li			1.	17	22	0	-17	da	/_
	27s.1 certify that (I)				nu	7/ 19.	0 2 10	cu	914		that (1) (v
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	ZIN DICHALUM	lean	18.	8600	ak,	M ATTENE	DING MED	ICAL STAN		aug	FIZ I
/	224 PHYSICIANS N		HIT	11		22. ADDRESS				- /	
	Willia	m G. He	lfrich	/ M.	D.	5006 Rd	oland A	re Balti	more M	d. 212	10
72n. 6	URIAL CREMATION		Th. DATE			EMETERY OR CREMA		LOCATION			
- 0	(PEC#1)		40000 930					CITY OF TOWN		COUNTY	- 10
	Burial		Aug 14	1982	Chris	t Church	1.1	wensvil	10 00	A Gen	10. 0 17
74. FU	INERAL DIRECTOR						25e. DATE REC'D		25h REPLIS WE	ARS SELA	ALCON.

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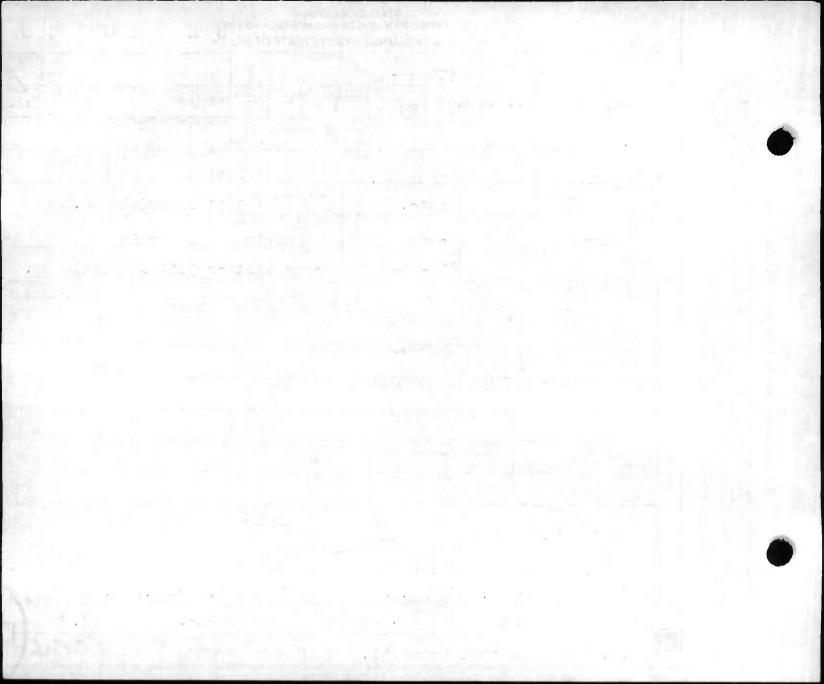
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STATE OF MARYLAND



20M 4/82

STATE OF MARYLAND



6		FOR STATE REGISTRAR		STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. N	
		OR PRINT) G-PO V	TER C	CHAPMAN	20 DATE OF DEATH	8 30 52 1.55
)	3. SE	male	Black	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY) IF UNDER 1 YEAR IF UNDER 2. MONTHS DAYS HOURS  YRS.
100	7a. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	INTRY? 8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED	7	OR COUNTY OF DEATH
	10 CI	BALT, MORE	Provide	nursing home or other institution restreet address) mt Hospital	N 12a USUAL OCCUPA (TYPE OF WORK FOR MOST	
35	130.5	AL RESIDENCE (# NURSING HOME TATE 13b. CO		DR TOWN 13d INSIDE CITY LIMI  LIMOTE YES NO [  15 MOTHER'S MAIDE		Ashland Av
10		Jehn VAS DECEASED EVER IN U.S.	MIDDLE	hast Cath	erine MIDDLE	Cox
the medical			GIVE WAR OR DATES) 239	-22-4489 Mary	Chapman	1816 Ashlan
to burel, cremotion, or religion, and all all all all all all all all all al	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON    b)	ORONARY ARTE	/	DITION GIVEN IN PART 110
out out	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
and Mental Hyg	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTHY MEDICAL EXAMINATION OF COURRED NOT WHILE NOT WHILE	DEATH HOUR A.M. MONT	19 21f LOCATION	CCURRED (ENTER NATURE OF INJI	
te Dept. of Health.		22a.f certify that (f) (this has sow the deceased alive	pitol) ottended the deceosed on 30 not view the body ofter deoth	19, and that in (my) (our) op DEGREE ATTENDI	NG MEDICAL STA	
MPORTANT		22d PHYSICIAN'S NAME (TYP) M. A. R.	SHDAN	210 ADDRESS 2600 4, 2	BERTy Hay	ights.
	(	Bund	914182	Cedar Hill	Cem Balt	COUNTY SI
M 1/81 , 4)	W	m.C. Ma	mh F14 1	IGRESS & North	ALIC 3 1 1082	25b. REGISTRAR'S SIGNATURE

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FOR STATE

REGISTRAR

	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(14	Willie	A	CHARLES	8	29 82 2400
3. S		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
	MACE	101 EGRO	10 05 20	YRS.	NO.
70. 1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
3	COTOLNO CITY OR TOWN OF DEATH	US A	WIDOWED DIVORCED X		
	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS INDUSTRY
100	JAL RESIDENCE (IF NURSING HOME C	DROTHER INSTITUTION GIVE RESIDENCE BEFOR		BUSH EHTTMBURG	
13a.	Mary land 136 COU	134 CITY OR TOV	VN 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Awenve
	ATHER'S NAME		15. MOTHER'S MAIDEN N		1.0
8	remiamin	Charle	es St. Montre	MIDDLE	BULLY.
	WAS DECEASED EVER IN U.S. A	115 111 10 CO D - 100 .	URITY NO. 17 INFORMANT	ADDRESS	Lyin
	Yes	249 24	0694 Willie A.	Charles, Jr. 9	9 & Chester.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		TE CAUSE (D) CARDIA	C ARREST		
	7027	DUE TO, OR AS A CONSEQU	ENCE OF	0.0	
	Conditions, if any, which gove rise to immediate	(b) CON GCOS	TWE HEART FALL	_0108	
	underlying couse lost.	DUE TO, OR AS A CONSEOU	Diabetes, MEDULI	ARY Hemorrhag	0
	PART 2 OTHER SIGNIFICANT	(1)	DEATH BUT NOT RELATED TO THE TER		
ATION	Cartical veur	1.7	and medullary	tremorphage	
IFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
CERTIF				YES NO YE	ES NO
	21a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		AY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2]
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19 21f. LOCATION		
ME	WHILE NOT WHILE I	(AT HOME STREET, FACTORY, OFFICE,	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
	27g   certify that (1) (this hash	utal) attended the deceased from	181787	8129	10 82 44 (1)(100)
	sow the deceased alive or	n 19 19 19 19 19 19 19 19 19 19 19 19 19	ond that ((my)(our) apinion	n death accurred on the date and hou	or and from the causes stated
	22b SIGNATURE	of view the body offer death.	DEGREE		22c. DATE SIGNED
	Sup	was med	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/30/82
	22d PHYSICIAN'S NAME (THE	OR PRINT)	22e ADDRESS	CO046	
	T. D. TUP	ROV	155 diceive:	STREET BALTIMON	As housed 32
23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
74 F	BUT A UNERAL DIRECTOR	19/3/82 -	Ma Vet Com	Crowns/1/e	Mic
11	NAME O W	6 F/H 110 PC		TE REC'D. BY REGISTRAR 256 PIST	TRANSSIGNATURE
V	VII. C. IIIaro	AFIIIVE	NOTA IN	1 1000	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

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## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

28	3		2	U	Cine .	a.	
	REG. N	10.		-	-	373	6
DATE O	FDEATH	HINOM	DA	AY	YEAR	2b HOL	R
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		REGISTRAR		OF CERTIF	TCATE OF DEATH	REG. NO		#1	ELEKBARA
	(TYPE	OR PRINT) MORAS	MIDDLE	CHAZ	ZEN "	20 DATE OF DEATH A	3-09	9-82	26 HOUR 45
	1.50	MALE	4. RACE WHITE	S DATE O	PT. °29,1 1 9 22	6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	HOURS MIN.
5		MARYLAND	USA	MARRIE		9 BALTIMORE CITY OR BALTIMO			MD.
j		BALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE LEVINDALE	HEBREW H	OR OTHER INSTITUTION  HOME	120 USUAL OCCUPATION CHAUFFEUR		126 KIND O INDUSTRY TAXI	F BUSINESS OR
5	13a. S	MARYLAND			134 INSIDE CITY LIMITS?	135823 WESTE	AP RN RUN		21209
Ó		JOSEPH	CHAZEN CHAZEN		15. MOTHER'S MAIDEN NA GOLDIE	WIDDLE		SCHNÏ	TZER
1		YES DECEASED EVER IN U.S. ARM ESTO OF UNKNOWN) WWII		.4-0015		S. NATALIE CI			209 MATE INTERVAL ONSET AND DEATH
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7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	NG CAUSES	
,	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21a INJURY OCCURRED  WHILE NOTIFY MOORK AT WORK		19	21c. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF INJURY		ORPART 2)	STATE
		220.1 certify that (1) (this haspite sow the deceased alive an above, (1) (we) (did) (did nat) 22b. SIGNATURE	08-09	19 87 , or	19 8 nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAFF		nd from the c	
I		22d. PHYSICIAN'S NAME (TYPE OR ZAW-	PRINT) -Win		220 ADDRESS LEVIN DAILE O	DELIATEIC C			21215
	230 B	URIAL, CREMATION, REMOVAL  BURIAL	23b. DATE AUG.10,1982		EMETERY OR CREMATORY  ISRAEL	23d. LOCATION CITY OF TOWN BALTIMOR		YMA	ARY LAND

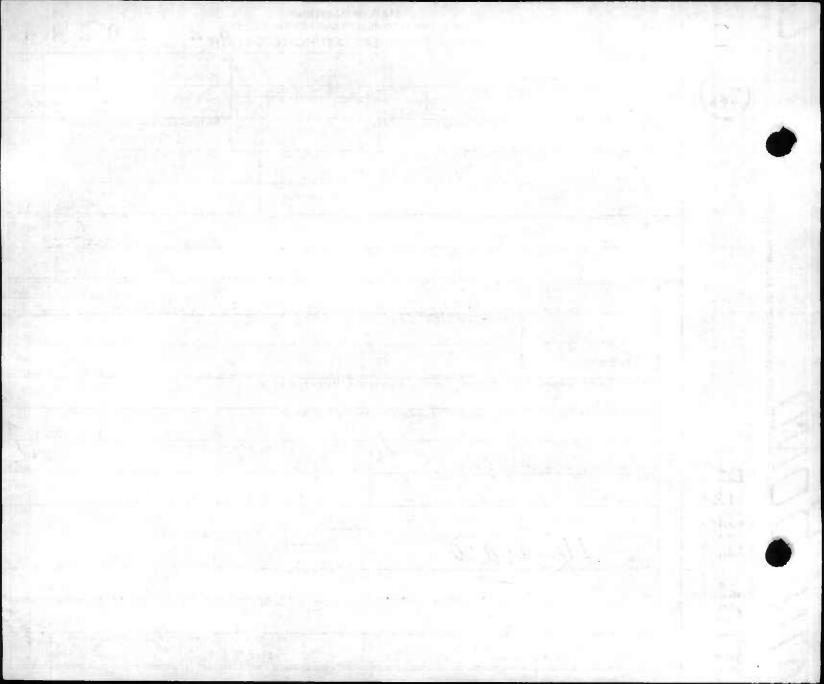
DHMH - 16 50M 1 / 81 (VRA 15, 4)

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

21215

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3)

43 R

- STATE REGISTRAR			CERTITI	FICATE OF DEATH	REG. N	10.		
DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	RION MUN	ROE CHII	DS		AUGUST 3	,1982		5:151
SEX	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	
Male	Whit	e	Jul	y 2,1902 YEAR	80	YRS.	MONTHS DAYS	HOURS M
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
Maryland	USA		WIDOW		Baltimor	e City	y	
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND	OF BUSINESS
Baltimore	617	Benningha	aus Re	d.	Letter C	arrie:	B Post	Office
UAL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE BEFORE	ADMISSION)	Allah INISIDE CITY LIMITSA	La CYPERY LODGECE			
Maryland	01411	Baltimo	ore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 617 Benn	ingha	us Rd.	
FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
Frank Childs	MIDDLE	(AS)		Hester Per	egoy		LA	ST
WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	219-22-1	1021	Margaret T	. Childs		Same	
18 CAUSE OF DEATH (Enter	only one couse per	line for (o), (b), one	ties				APPRO	XIMATE INTERVAL
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	Cardiac	arres	t				den
14292	DUE TO, O	R AS A CONSEQUE					. 4	
Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	(b)	Congesti RAS A CONSEQUE Arterios	ve he	art failure			21/2	years years
gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	(b)	Congesti RAS A CONSEQUE Arterios	ve he				21/2	years
gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, OI Ic)	Congestive As a conseque Arterios Contributing to E	ve he	tic cardiovas	200 AUTOPSY?	20b. IF YE	213 VEN IN PART 1	years NGS USED S OF DEATH?
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gove rise to immediate couse Io), stoting the underlying couse Iost.  PART 2 OTHER SIGNIFICAN  199 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (I) (***)  220. I certify that (I) (***)  SOW the deceased olive obove, (I) (***)  221. SIGNATURE  222. PHYSICIAN'S NAME (TYP)  S.J. L.]	DUE TO, OI  T CONDITIONS CO  196 CONDI  196 CONDI  216. TIME O HOUR A.I. NER!  21e. PLACE (AT HOME, STR  XXI) oftended the on Jul not) view the body	Congesti  R AS A CONSEQUE  Arterios  ONTRIBUTING TO E  ITION FOR WHICH  IF INJURY  M. MONTH DA  M. MONTH DA  OF INJURY  REET, FACTORY, OFFICE, FA  other death.	ve he NCE OF Clero DEATH BUT OPERATIO  VY YEAR 19 ARM. ETC.) Sept 82 . o	TIC CARDIOVASON NOT RELATED TO THE TERM ON WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  COMPANY OF THE PROPERTY OF THE PROPERT	200 AUTOPSY? YES NO XX PED (ENTER NATURE OF INJI LITY OR TO LITY O	20b. IF YE IN CERTII YE URY IN ITEM 18.	VEN IN PART 1  S, WERE FIND FYING CAUSE ES  PART 1 ORPART 2)  COUNTY  19 82  Ur and from the  22c. DATE 8/1	years  NGS USED S OF DEATH? NO   STATE  that (I) (※) couses stated SIGNED
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove corbon popwith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

D HOSPITAL OR ATTENDING PHYSICIAN: The law

tained by the haspital or

BP.

injury, ar other troumatic event,

marked or Item 18 shows any

IMPORTANT: If Item 21 is

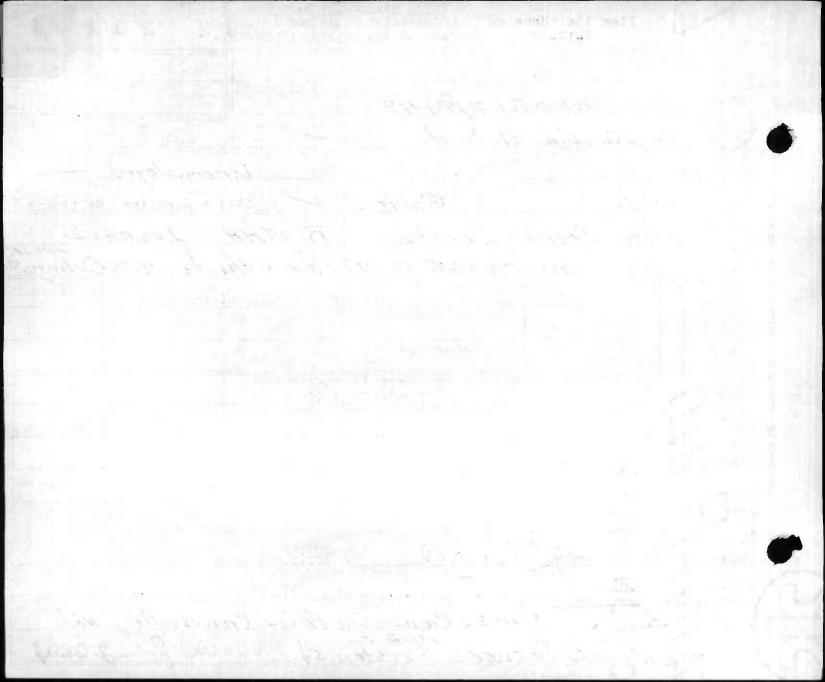
Mitchell-Wiedefeld Home, Inc., Balto., Md.21212

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X		STATE REGISTRAR  CEASED NAME FIRST  OR PRINT)	WIDDLE	CERTIFICATE OI	FDEATH	REG. NO		YEAR 2b HOU
1	5	CHARI	LOTTE ROSE	CHITTENDE	N		8 25 6	32 10
A)[	3 5E	FEMALE	4 RACE WH ITE	5. DATE OF BIRTH MONTH DAY		6. AGÉ (IN YEARS LAST BIRT		TYEAR IF UNDER
35		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTR	Y? 8.  MARRIED NEVE	R MARRIED D	BALTIMORE CITY O	_	
42	1	BALTIMORE			NSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDL	CIND OF BUSINE USTRY
35	13a S		ALTO Dunda	lk YES 🗆	NO X		SLABIRD ,	AVE ZI
30		CURTIS		ENDEN	R'S MAIDEN NAM	E.		Krach
2		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, NO	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES] 215-32			2068 Etenden -		ere Av MD. 2
matte		1830 IMMEDI	DUE TO, OR AS A CONSE	DUENCE OF				7 MONT
njury, or other traumatic	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.		DUENCE OF		AND COUNTY		
any injury, or other traumatic	THEATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONDITION OF A CONDITION FOR WHICH	NUSHAD C COURSE OF	ED TO THE TERMI			ART 110
d wental trygenne proc to build. cremation, or of or the 18 shows only injury, or other traumatic s	REDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  JAN, 82  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTI	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	DUENCE OF  O DEATH BUT NOT RELATE  CH OPERATION WAS PER  W COYCINOM  DAY YEAR  10  216 HOW	FORMED  INJURY OCCURRI	200 AUTOPSY?  YES NOTER NATURE OF INJUR	200. IF YES, WERE IN CERTIFYING CA	ART 110* FINDINGS USEE AUSES OF DEAT NO
of realth and wenter triggene proce to builds, cremation, or re-	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  JAN 82  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 1  (IF EITHER NOTHY MEDICAL EXAMINATION OF COURED  WHILE AT WORK  22a.1 certify that (I) (this hoses sow the decreed glive sow the decreed glive.)	DUE TO, OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONDITION OF A CONDITI	DUENCE OF  DEATH BUT NOT RELATE  CH OPERATION WAS PER  W CO-YCINOM  DAY YEAR  10  211 LOCA  SIR	FORMED  NJURY OCCURRI	NAL DISEASE OR CONE  200 AUTOPSY?  YES N	20b. IF YES, WERE IN P.  20b. IF YES, WERE IN CERTIFYING C.  YES   YES	ART 110*  FINDINGS USED AUSES OF DEAT NO [ ART 2)  NIV 5
note bept of health and wenter trigenes proce to builds, cremanan, or re. NT, if hem 21, is marked at hem, 8 sharts only injury, or other traumatics.	200	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  32  21a. ACCIONIT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATIONS)  21d. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINATIONS  22a.1 certify that (I) (this hose sow the decosed alive oboty in the cosed alive oboty in the c	DUE TO, OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF A CONDITION OF A CONDITI	DUENCE OF  O DEATH BUT NOT RELATE  CH OPERATION WAS PER  O C CINO M  216 HOW  ON THE PROPERTY OF THE PER  O ON THE	FORMED  INJURY OCCURRI  TION  EET  19  32  ATTENDING PHYSICIAN	200 AUTOPSY? YES NOTED (ENTER NATURE OF INJUR CITY OR TOV	20b IF YES, WERE IN CERTIFYING CA	ART 110*  FINDINGS USED AUSES OF DEAT NO [ ART 2)  NIV 5
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YTO approximate to the second of the second STUTIONS CHAINSTAN CATIONS TAND TRANSPORT SET IS GARAGE STORY Y DECEMBER OF TANKS THE STEELS Apromitation of the shall be a section

STATE OF MARYLAND



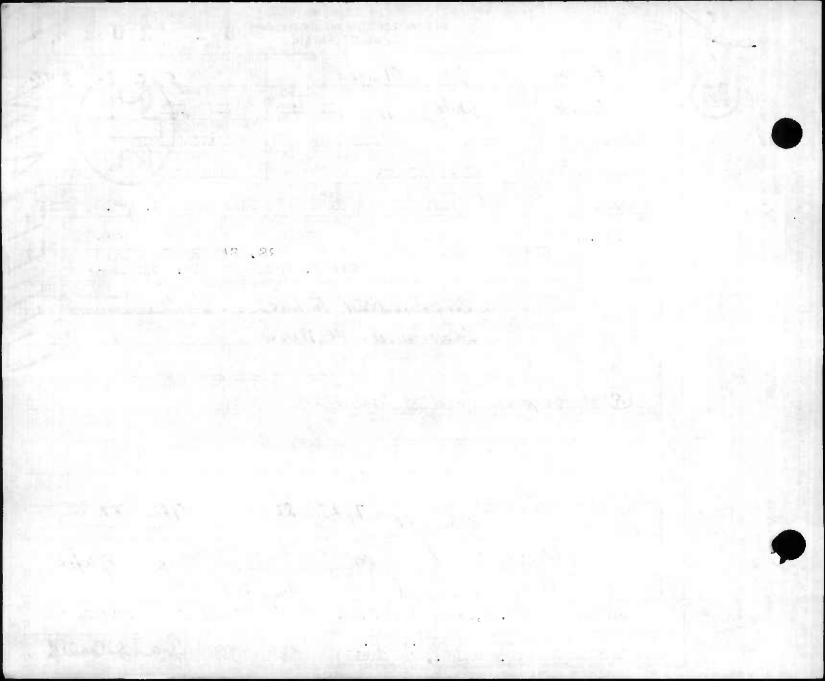
DHMH - 16 50M 1/81 (VRA 15, 4)

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AN
- STATE REGISTRAR	CERTIFICATE OF

LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 2 4 2 2

- 1	REGISTRAR					RE	G. NO.		
	1. DECEASED NAME FIRST	MIDDLE	LAST			20. DATE OF DEA	TH MONTH	DAY YE	AR 26 HOUR
1	Pauline		Chur		100/		8	30 8	
	Fennale	4 RACE White	5. DATE OF	BIRTH PAY 11	1896	6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS
7	COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MA	ARRIED T	9 BALTIMORE C			Н
	RUSSIA	US A	WIDOWED	DIVO	DRCED	BALT	IMORE	CITY	ME
1	BALTIMORE	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET SINAI HO	SPITAL	OTHER INSTIT	UTION	TYPE OF WORK FOR A		G LIFE) 12b. KI	ND OF BUSINESS OR THOME
3	ISUAL RESIDENCE (IF NURSING HOME OR OF IDENTIFY AND INCOME.)		VN 11:	YES XX 1	Y LIMITS?	13 STREET ADDR 5413 PA	RK HTS	. AVE.	#21215
2	14 FATHER'S NAME ISRAEL	CRAVEN		MOTHER'S A	NAIDEN NAA	AE MID	DLE	UNK	NÓWN
1	160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SECT	URITY NO. 1	7 INFORMAN 4003 N		S. SADE ATHMORE A		LSTE I 21215	N
1	Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause last  PART 2 OTHER SIGNIFICANT CO  B Uteleso  190 DATE OF OPERATION	DUE TO, OR AS A CONSEQU	ENCE OF ENCE OF  DEATH BUT NO	or related to	O THE TERMI	NAL DISEASE OR	20b. IF '	YES, WERE FI	NDINGS USED USES OF DEATH?
7	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE I	AY YEAR 19	TE HOW INJU		YES NO		YES	
1	certify that (I) (this hospital with deceased alive an abave, (I) (we) (did) (did not 22b. SIGNATURE	ol) ottended the decessed from  Niview the body offed death	DE	GREE  ATT PH  20 ADDRESS	ENDING YSICIAN [	MEDICAL DIRECTOR PH	STAFF		, that (I) (we) last the causes stated  ATE SIGNED
	230. BURIAL, CREMATION REMOVAL	(1.Hord L. Ame. 23 LDG ** 31,1982 23c 1	nd   BETH JA	Sina l	MATORY	13FINKSB	URG	GARR	OLL MD.TE
	24 FUNERAL DIRECTOR SOL 6010 REISTERSTOW	LEVINSON & BROS			SEP	REC'D. BY REGIST 1 1982	RAR 26 REG	ISTRAR'S SIG	Cohreef :



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeracidities, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72-hours offer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical exember must had notified of an exemple.
TO HOSPITAL OR ATTENDIN	TO FUNERAL DIRECTOR: After should be detoched for use o with the State Dept. of Health	IMPORTANT: If Hem 21 is mor

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		DEFARIT		HEALTH AND MENT FICATE OF DEA		REG. NO.	2	1 6.	3 0
DECEASED NAME FIRST		WIDDLE		LAST		20. DATE OF DEATH MON	NTH DAY	YEAR	2b. HOUR
James		W.	Ci	Leslak			80 80	182	111001
SEX	4. RACE		5. DATE (	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDA	Y) IF UN	DERIYEAR	IF UNDER 24 HR
Male		White	MONTO	DAY 02	1909	72	YRS.	HS DAYS	HOURS
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY OR CO		DEATH	
Md.		USA		D MEVER MAR					- 415
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL NURSIN	WIDOWI			12a. USUAL OCCUPATION	ltimore		F BUSINESS C
Dalhimana	(IF NOT IN SUC	CH FACILITY, GIVE STREET				(TYPE OF WORK FOR MOST OF WO		NDUSTRY	
Baltimore SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	342 Imla				Tavern		Self	Emp.
3a. STATE 13b CC		13c. CITY OR TOW	'N	134 INSIDE CITY		13e. STREET ADDRESS	0		
Md.		Baltim	ore	-	0 🗆	342 Imla S	it.		
FATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S M.	ST	WE		t AS1	r
?		?	100	?	?			?	
WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS			
No	JA DATES	213-07-	8808	Angela	Ciesl	ak- 342 Imla	St. Ba	alto.	Md. 21
Conditions, if ony, which gove rise to immediate	(b)_								
	(c)_	ONTRIBUTING TO D		NOT RELATED TO	THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN	N PART 1(c	» )
underlying couse lost.  PART 2 OTHER SIGNIFICAN	(c)		DEATH BUT			20a AUTOPSY? 20i	b. IF YES, WE	RE FINDIN	IGS USED OF DEATH?
underlying couse lost.  PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	OPERATIO	ON WAS PERFORM	NED	20a AUTOPSY? 201	b. IF YES, WEI CERTIFYING YES	RE FINDING CAUSES	IGS USED
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UNDERLYING COUSE TOST.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE	(c) AT CONDITIONS CI 19b. COND DEATH NER) 21b. TIME C HOUR A. P. 21e. PLACE	ONTRIBUTING TO DESTRUCTION FOR WHICH  OF INJURY  .M. MONTH DA.M.	OPERATION  AY YEAR  19	21c HOW INJUR	NED RY OCCURR	20a AUTOPSY?   20i	b. IF YES, WE I CERTIFYING YES ITEM 18, PART I C	RE FINDING CAUSES	IGS USED OF DEATH?
Underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED	IT CONDITIONS CONDITIO	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET. FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM, ETC.)	216 HOW INJUR	NED RY OCCURR	20a AUTOPSY? 201 IN  YES NO SED (ENTER NATURE OF INJURY IN I	b. IF YES, WE I CERTIFYING YES  ITEM 18. PART I C	RE FINDING CAUSES  OR PART 2)  COUNTY	IGS USED OF DEATH? NO  STATE
Underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this has sow the deceosed alive above, (I) (we) (did) (did)	IT CONDITIONS CONDITIO	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET. FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM, ETC.)	21c HOW INJUR 21l LOCATION STREET 21l LOCATION OF THE PROPERTY OF THE PROPERTY	RY OCCURR	200 AUTOPSY? 200 IN  YES NO CITY OR TOWN  CITY OR TOWN  to Mag. 8  deoth occurred on the dote o	b. IF YES, WE CERTIFYING YES  ITEM 18, PART 1 C	COUNTY	IGS USED OF DEATH? NO  STATE
Underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this had sow the deceosed alive above, (1) (we) (did) (did)	IT CONDITIONS CONDITIO	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET. FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM, ETC.)	21c HOW INJUR 21l LOCATION STREET 21l LOCATION OF THE PROPERTY OF THE PROPERTY	RY OCCURR	280 AUTOPSY? 280 IN YES NO CITY OR TOWN  10 Mg 8 deoth occurred on the dote o	b. IF YES, WE CERTIFYING YES  ITEM 18, PART 1 C	COUNTY	IGS USED OF DEATH? NO  STATE
Underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  WHILE NOTIFY MEDICAL EXAMI  210. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)  22b. SIGNATURE	IT CONDITIONS CONDITIO	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  .M.  OF INJURY  REET, FACTORY, OFFICE, F  or deceosed from  ofter death.	OPERATIO  AY YEAR  19  ARM, ETC.)	211 LOCATION STREET  And that in (my) (au  DEGREE  ATTE PHY	RY OCCURR	200 AUTOPSY? 200 IN  YES NO CITY OR TOWN  CITY OR TOWN  to Mag. 8  deoth occurred on the dote o	b. IF YES, WE CERTIFYING YES  ITEM 18, PART 1 C	COUNTY	IGS USED OF DEATH? NO  STATE
Underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAM)  210. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM)  220. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE  22d. PHY&CIAN'S NAME (TYLL)	IT CONDITIONS C.  IPb. COND  IPB.	ONTRIBUTING TO E  ONTRIBUTING TO E	OPERATION OPERATION AY YEAR 19 ARM, ETC.)  M.D.	211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 ATIE PHY 22e ADDRESS CHURL	RY OCCURR  19 8 2  21) Opinion of ENDING YSICIAN	280 AUTOPSY? 281 IN  YES NO CITY OR TOWN  CITY OR TOWN  TO MAY Be death occurred on the date of the da	b. IF YES, WE CERTIFYING YES  ITEM 18, PART 1 C	COUNTY	IGS USED OF DEATH? NO  STATE
Underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE)  22d. PHY 6 CIAN'S NAME (TYLL)	IT CONDITIONS C.  IT CONDITIONS C.  IPb. COND  IPb. CON	ONTRIBUTING TO E  OTTION FOR WHICH  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F  or deceosed from  2  office deoth.	OPERATION OPERATION AY YEAR 19 ARM, ETC.)  M. J. NAME OF CO.	211 LOCATION STREET  211 LOCATION STREET  ATTE PHY  22e. ADDRESS CHURL C	RY OCCURR  19 22  21) OPINION C  ENDING YSICIAN  M. HAR  MATORY	200 AUTOPSY? 200 IN  YES NO CITY OR TOWN  CITY OR TOWN  to Mag. 8  deoth occurred on the dote o	b. IF YES, WE CERTIFYING YES  ITEM 18, PART 1 C	COUNTY	IGS USED OF DEATH? NO  STATE
Underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFETHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this had sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE  22d. PHYSCIAN'S NAME (TY)  22d. PHYSCIAN'S NAME (TY)  BURIAL, CREMATION, REMOV (SPECIFY)  BURIAL, CREMATION, REMOV  BURIAL, CREMATION, REMOV	IT CONDITIONS C.  IPb. COND  IPB.	ONTRIBUTING TO E  OTTION FOR WHICH  OF INJURY  .M. MONTH DA  .M.  OF INJURY  REET, FACTORY, OFFICE, F  or deceosed from  2  office deoth.	OPERATION OPERATION AY YEAR 19 ARM, ETC.)  M. J. NAME OF CO.	211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 ATIE PHY 22e ADDRESS CHURL	RY OCCURR  19 22  21) OPINION C  ENDING YSICIAN  MATORY	280 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURY IN I  CITY OR TOWN  AMAGE S  deoth occurred on the dote of DIRECTOR PHYSICIAN  123d. LOCATION CITY OR TOWN  Baltimor	b. IF YES, WE I CERTIFYING YES   ITEM 18, PART I C	COUNTY  TO THE COUNTY	STATE  that (I) (we) le couses stated  SIGNED  O/82  O/87  STATE
Underlying couse lost.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM)  22a. I certify that (I) (this has sow the decesed alive obove, (I) (we) (did) (did 27b. SIGNATURE  22d. PHY&CIAN'S NAME (TY)  22d. PHY&CIAN'S NAME (TY)  3. BURIAL, CREMATION, REMOV (SPECIFY)	IT CONDITIONS CONDITIO	ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  .M.  OF INJURY  REET, FACTORY, OFFICE, F  ofter deoth.  1/82  S  ADDRESS	OPERATION OPERATION OPERATION ARM.ETC.)  ARM.ETC.)  ARME OF C. St., St.	21c HOW INJUR 211 LOCATION STREET 22 and that in (my) (au DEGREE 22 ADDRESS CHURCE CEMETERY OR CRE.	RY OCCURR  19 22  21) OPINION C  ENDING YSICIAN  MATORY	280 AUTOPSY? 200 IN YES NO CITY OR TOWN  CITY OR TOWN  MEDICAL PHYSICIAN  MEDICAL PHYSICIAN  234. LOCATION CITY OR TOWN	b. IF YES, WE I CERTIFYING YES   ITEM 18, PART I C	COUNTY  TO THE COUNTY	STATE  that (I) (we) le couses stated  SIGNED  O/82  O/87  STATE

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and a should be detached for use as the burial-transit permit. Then please remove corbon-popers, Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 sho

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ECCASED NAME FOST MIDDLE LAST 20. DATE OF DEATH MONTH

PE OR PRINT)

TO A COMMITTEE COMMITTEE CERTIFICATE OF DEATH MONTH

PE OR PRINT)

	CEASED NAME FAST	MIDDLE	i	AST	2a. DATE OF DEATH	MONTH DAY Y	YEAR 2b H	OUR
	CHARLES	A.	C	IMINO	8/3	1/82	4.	40 mm
- 0	lale	Cauc.	S. DATE C		6. AGE (IN YEARS LAST BIR	PTHDAY) IF UNDER	DATS HOUR	DER 24 HRS
	RTHPLACE ISTATE OR FOREIGN COUNTRY!	7b. CITIZEN OF WHAT COUN	MARRIEI WIDOWE	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEA	тн	MD.
1	ALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE UNION M	STREET ADDRESS)	OR OTHER INSTITUTION HOSPITAL	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Barber	OF WORKING LIFE) INDU	STRY femi	
130.	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	NTY 13c CITY OF	E TOWN TOWN	13d INSIDE CITY LIMITS? YES IN O		ldery St	•	
	nofrio		nino	15 MOTHER'S MAIDEN NAM	MIDDLE		lotte	a
	VAS DECEASED EVER IN U.S. AI YES, NOOR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	SECURITY NO. 32-0402	Katherine	M. Cimin	2020 Ma	:Elder	ry St
	PART I. DEATH WAS CAUS  SIMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	nly one couse per line for (o), ( ED BY:  TE CAUSE (o)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	sequence of	Cancer			APPROXIMATE IN	ND DEATH
ATION	PART 2. OTHER SIGNIFICANT Pulmona end	CONDITIONS CONTRIBUTION  LOC.  19b. CONDITION FOR W			NAL DISEASE OR CONE	DITION GIVEN IN PA		
CERTIFICATION				WASTERI ORMED	YES NO	IN CERTIFYING CA		ATH?
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK AT WORK		19	211 LOCATION STREET	ED (ENTER NATURE OF INJUR			STATE
	220.1 certify that (f) (this hosp saw the deceased alive ar	ema /	1982 on	d that in (my) (aur) opinion d	to \$ 3 leath accurred on the do			
	Mark N 22d PHYSICIAN'S NAME (TYPE	Stony no	h	ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FF _ S	91	182
	Mark	a Stromber		270 ADDRESS 201 1	E. Universi	ty Pkwy.	#2121	.8
23a. E	urial, cremation, removal specify) <b>Burial</b>	Sept 2,198		Lawm Cem.	23d LOCATION CITY OR TOWN Baltin	nore	1	STATE Vd.

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital or

24 FUNERAL DIRECTORY A. Moran, Inc.

ADDRESS

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25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

John J. Conick

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		Mine death centrods be executed within 24 hours of		
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DHMH - 16 50M 1/B1 (VRA 15, 4)

1	FOR STATE		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYC	GIENE 8	2 2	0 2	5
	REGISTRAR				CATE OF DEATH		REG. NO.		
	ECEASED NAME FIRST		MIDDLE	LA	ST	2a DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
	<b>ል</b> እነጥ	OINETTE		CLA	PK	AUGUST	יוו וחי	82	03:3
1 SE	X	4 RACE		5. DATE OF	BIRTH	6 AGE (IN YEARS		IF UNDER ! YEAR	IF UNDER 24 F
	Female	Blac	k	MONTH 8	16 62		19 YRS	MONTHS DAYS	HOURS
Pb. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA BDIED	□ NEVER MARRIED <b>X</b>	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
	Maryland	USA	1	WIDOWED		BATTI	ORE CIT	v	
-10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME OF	OTHER INSTITUTION	12a. USUAL OC	CUPATION	12b KIND C	F BUSINESS
D7	ALTIMORE				HOSPITAL	(TYPE OF WORK FOR	R MOST OF WORKING LI	FE) INDUSTRY	
JUSU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE A	DMISSION)		1			
		YTAL	ISC. CITT OR TOTAL	1	13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS . Eagar	Stroo	· +
	ryland		Baltim		YESXX NO []		. Lagar	Delee	
1	FIRST	WIDDLE	LAST		FIRST		IDDLE	C 1 a	T To
1/4- 1	Joseph WAS DECEASED EVER IN U.S. A	DATED CODCECS	Jones	1711110	Mary		1000000	Ula	irk
		GIVE WAR OR DATES)	166 SOCIAL SECUR		17. INFORMANT		ADDRESS		
11.5	No		219-86-	2826	Mary Cla	rk 19	07 E. Eag	ger St.	
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(b) DUE TO, OI	r as a consequen	a) H	OT RELATED TO THE TERM	INAL DISEASE O	R CONDITION GIV	PANT 100	
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATION	WAS PERFORMED	20a AUTOPS	/? 20b. IF YES	S, WERE FINDIN	NGS USED
JĚ	17-7-1					YES T NO	2-6	YING CAUSES	OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME O		YEAR	21c. HOW INJURY OCCUR				NO [
CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	CAIN		19					
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY EET, FACTORY OFFICE, FAR		21f. LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
	22a.t certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did	A SUST	10 8	Z and	that in (my) (aur) apinian		the date and hav	19 8 C	that (1) (we)
_	22d PHYSICIAN'S NAME (TYPE	1.87	her, 1	10	EGREE  ATTENDING PHYSICIAN [ 77e ADDRESS	MEDICAL DIRECTOR	STAFF	22c DATE	SIGNED 82
230	JEHREY BURIAL, CREMATION, REMOVA	H. Sil	ber 1230 NA			PEINS 1238 LOCATIO		4	
	Burial UNERAL DIRECTOR	8/7/82		butus	Mom Pk.	Arbu	Md Md		STATE
	Wm C March F/H	1101	E. North		730. DAT	- 4 1002	STRAR 256 REGIST	RAR'S SIGNAT	URE

error to the transfer day ench with the with the state of the - - E PART THE WAR LICH STORES OF THE STORE CONTROL OF THE STORE STORES

	STATE OF MARYLAND
FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR		DEPAI		EALTH AND	MENTAL HYGI DEATH	0	2 REG. NO.	2 (	0 2	5 3
	CEASED NAME FIRST	1	AIDDLE	U	AST	1000	2a. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR
	Mary		R.	C	larke			Augus		1982	6:00P M
3. SE	Х	4 RACE		5. DATE O	F BIRTH		6. AGE (IN YEARS		IF UND	ER I YEAR	HOURS MIN.
100	Temale	Blac	k:	month of the	1°ŏ	2 4			RS.		
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF		RY? 8.	XNEVER	MARRIED -	9. BALTIMORE			EATH	
-	Maryland		SA	WIDOWE	D	NORCED	Baltim	ore ci			MD.
100	Baltimore	11. NAME OF H	HOSPITAL, NUR HEACILITY, GIVE STE And Gene	REET ADDRESS)		STITUTION	12a USUAL OCC			). KIND OF DUSTRY	BUSINESS OR
13a :	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COULT		GIVE RESIDENCE BEI 134. CITY OR TO Balti	NWC	13d. INSIDE	CITY LIMITS?	5102 B	RESS ellev	ille	Ave	nue
14. F/	Ather's NAME Abraham	MIDDLE	Jenk	ins		s maiden nam arrie		IDDLE		Broc	ks
	WAS DECEASED EVER IN U.S. AR		166. SOCIAL SE	CURITY NO.	17. INFORM	ANT		ADDRESS		7	
(	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	219-1	0-4463	Raym	ond H. C	Clarke	5102 E	ellev	ille	Ave.
NOI	Conditions, if ony, which gave rise to immediate cause (a), storing the underlying cause last.  PART 2. OTHER SIGNIFICANT Brittle Diabet	DUE TO, OI  (b)  DUE TO, OI  (c) 0  CONDITIONS CO	R AS A CONSEC Metabol R AS A CONSEC at Cell DNTRIBUTING T	DUENCE OF ACID	osis d		epsis?	esions	to C		al Nervoo System
CERTIFICATION	19a. DATE OF OPERATION	19b. COND	TION FOR WHI	ICH OPERATION	N WAS PERF	ORMED	YES NO		IF YES, WER ERTIFYING YES []		GS USED OF DEATH?
MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P., 21e. PLACE	M. MONTH	DAY YEAR 19 CE, FARM, ETC)	216 HOW I			OF INJURY IN ITE		R PART 2)	STATE
	22a. I certify that K (this hasp saw the deceased alive or above, k) (we) (did) (deceased 22b. SIGNATURE	Augus t	e deceased fra 20 after death.	82, an		ATTENDING PHYSICIAN	, to Augu leath accurred or MEDICAL DIRECTOR [	staff	d hour ond		GIGNED
	Michael Hyle,	/			c/o	Marylan			oital		Dept.
	BURIAL, CREMATION, REMOVAL			3c NAME OF C	EMETERY OF	CREMATORY	23d. LOCATIO		cour	NTY	STATE
	URIAL	8/27/	82	Woodl	awn C	emeter	V Wood	llawn			Md

DHMH - 16 50M 4/82 (VRA 15, 4)

ATTENDING PHYSICIAN, The low

TO FUNERAL DRECTOR, After this certificate has been signed by the offending physicion and completely filling thought dedecated for use as the build-trainst permit. Then please remove carbon papers. Pages 1 and 2 shapes with the State Dept. of Health and Meridal Hygene prior to benial, cremation, or removal.

INFORTANT If less 21 a marked as then 18 shapes any injury, as other troumatic event, the medical permitter and

24. FUNERAL DIRECTOR ADDRESS March F/H 1101 E. Nor th Avenue Wm.

AUG 2, 4 1982 Supplemental State of Stranger Str

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		CEASED NAME OR PRINT)	FIRST		MIDDLE	i	AST	20 DATE OF	DEATH MO	HTMC	DAY Y	EAR	2b. HOUR	St. EINTERVAL EI
			Juliu		G.		mons		just 1		1982	2	27	
	3. SE		4	. RACE		S. DATE C		6 AGE (IN)	EARS LAST BIRTHE	DAY)	MONTHS	DAYS	HOURS 24	HRS MIN
24		Male			ack		22 · 24		57	YRS			11	
47		RTHPLACE (STATE OR N.C			WHAT COUNT	MARRIE	D NEVER MARRIED 🛣		RE CITY OR					
1/1	10 C	ITY OR TOWN OF DE			JSA	WIDOWE	D DIVORCED D	+	1 time				DI ICIA IFC	M
00		Baltimor	e	113	N. C	alhoun			K FOR MOST OF W				ROZINES:	5 OI
35	13a S	AL RESIDENCE (IF NUR STATE MD	13b COUNT		13c CITY OR I		13d INSIDE CITY LIMITS? YES [X] NO []	13e STREET 113	ADDRESS N.	Cal:	hour	ı St		
	14. EA	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE			1241		
N		Green			Clemo	ns	Rowena	ı	MIDDLE		Ebro	n		
1		VAS DECEASED EVER		ED FORCES?	166 SOCIALS	ECURITY NO.	17. INFORMANT		ADDRESS					
1		Yes	(11 100, 011	THE OR DATES	213-2	0-0221	Rowena Cle	emons	1132	N. (	Calh	our	St	
		18 CAUSE OF DEAT	H (Enter only	one cause per							BET	PPROXIM WEEN OF	ATE INTERVA	ATH
		PART I. DEATH W	IMMEDIATE		Ci	OHGES	TIVE HEAD	TF	AILVI	RE		6.	m 05	,
2		3489			R AS A CONSE									
		Conditions, if ony				MATTL 1	HEART DISE.	HSE Z	MITT	RHO		5 1	IFA	es
		gave rise to imi		1	R AS A CONSE		REGURGIT	ATIOI	У			,		
		underlying cause		(10)	K AS A CONSE	OULINCE OF								
		PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CO	Ontributing	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E OR CONDIT	10N GIV	EN IN PA	RT 110		
	0						TES ME							
2	CERTIFICATION	190 DATE OF OPERA	I ION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTO	PSY? 2	0b. IF YES N CERTIF YE		IND INC	F DEATH	?
0	ER	210. ACCIDENT WAS UN	DERLYING	21b. TIME C	FINJURY		21c. HOW INJURY OCCUR		- 62			RT 21	NO []	_
7		OR CONTRIBUTING		3		DAY YEAR		,						
-	MEDICAL	214 INJURY OCCUR		P. 21e. PLACE		19	21f LOCATION							
	ME	WHILE NOT WE	HILE 🗍		REET, FACTORY OFF	FICE FARM, ETC )	STREET		CITY OR TOWN		COUN	TY	STA	ſΈ
		AT WORK AT WO	ORK -	1) - 41 - 1 - 4 - 1		7 -	2 3	(2	-/2	_	4 2			
		220 I certify that (1) saw the deceas		ii) aftended th	deceased tra	200	22 19 73		1 1		19 8 4	, th	at (I) (we	Ha:
		abave, (1) (	did (did not)	view the bady	after death.	-	d that in (my) (and apinion	deoin occurre	d on the date	and hou				d
		226. SIGNATURE	01	1			DEGREE ATTENDING	*MEDICAL	STAFF			DATES		, ,
		Tal	leu	man		7	PHYSICIAN I	DIRECTOR	PHYSICIA	N	8	-/	3-3	
		LEON		HMAN	/		590) GW	YMM	OAK	AU	E	21.	207	
	23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOC A	TION					
	·	Burial		8/17/	/82	Md. V	eteran Cem.	. Cr	OWNSV	rill	COUNTY		MD	
	24 FL	JNERAL DIRECTOR					250. DAT	E REC'D. BY R	EGISTRAR 25	REGIST	RAR'S SIC		RE.	_
		Wm. C. M.	arch	F/H	1101 F	. Nort	h Ave. AUG	1 6 198	32	oh	2	lan	ulf	
		Will. C. Malch												

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNERAL DIRECTOR. After the certificate has been signed by the offending physician and completely filled in by the funeral should be detached for use as the businel-from permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 has state Deat, of the lith and Mental Hygelts prior to businel, cremation, or removal.

WPOSTANT II now 21 is marked or new 12 them, any injury, or other traumatic event, the medical probable

6ge 4 may be

1	(	FOR - STATE	Verification of the second	DEP ARTN		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	2 0	2	5	Z.
	,	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.			,
3		CEASED NAME FIRST		WIDDLE	ı	AST		MONTH DAY	YEAR	26 HOUR	R
	(107)	MATTIE		HOLMES	CLA	Y	AUGUS'	12.198	2		M
	3. SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		ER I YEAR	IF UNDER 3	
- 1		FEMALE	WHITE		JAN.	6, 1898 YEAR	84	YRS	DAYS	HOURS	MIN
1		IRTHPLACE (STATE OR FOREIGN		what country?		D NEVER MARRIED	9 BALTIMORE CITY O	_	EATH		
_		ILLINOIS ITY OR TOWN OF DEATH	USA		WIDOWE	DIVORCED DIVORCED	12a USUAL OCCUPATI		KINDOF	DUCANE	MD.
0	E	BALTIMORE	(IF NOT IN SUC 707	GLENWOOD	AVE .	N OTHER INSTITUTION	CREDIT MAN	F WORKING LIFE ! IN	DUSTRY	BUSINE	55 OK
3	13a. S	AL RESIDENCE HE NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION	BALTIMOR	N	YESXXX NO 🗌		WOOD AVI	<b>.</b>		
01	14. FA		WIDDLE	LAST LIOT MEC		15 MOTHER'S MAIDEN NAM	AE MIDDLE	0.7	LAST		
74	16a V	WILLIAM HET  WAS DECEASED EVER IN U.S. AR	VRY	HOLMES	DITY NO	MARY 17 INFORMANT	ADDRE		RR		
/			E WAR OR DATES)	216-14-31					A 1712		
		r				WILLIAM H.	CLAY /U/	GLENWOOD		A I - Countries	
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D BY:	line far (a), (b), and	d (cl.)		0	No. 1	APPROXIM BETWEEN ON	SET AND	DEATH
		IMMEDIAT	more		n	unu	15				
		9100	DUE TO, OI	R AS A CONSEQUE	NCE OF	Carl	0		1.0		
		Canditians, if ony, which gove rise to immediate	(b)_C	nonwa	Kervin	· Constitutions	was dere	ne	yes	24	
		couse (o), stoting the underlying couse lost	DUE TO, OI	R AS A CONSEQUE	NCE OF			100	0		
1		PART 2 OTHER SIGNIFICANT (	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN	PART 110		
	CERTIFICATION	Chol	etellar	vis & neces	ut c	polocysterton	4				
1	CAT	19a. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDING	S USED	U2
_	RTIF		Co	werest	tes		YES NO	YES 🗌		NO [	
a		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		FINJURY / M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P./	**	19						
•	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (	OF INJURY EET FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION	CITY OR TO	WN CC	YINUC	51	ATE
		220.1 certify that (I) (this haspi	tal) attended the	e deceased fram_	6	19.78	ta &	19	7	ot (l) <del>(w</del>	ne) lost
		saw the deceased alive an abave, (I) (we) (did) (did no	t) view the bady	ofter death		d that in (my) (aur) apinian a	leoth accurred on the do				
		226. SIGNATURE	TWO	00 h		DEGREE ATTENDING N	MEDICAL STAF		DATE S	IGNED	2
7		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	jun		22e ADDRESS	CDIRECTOR PHYSIC	IAN	3/1-	7/ 1	
		DUNALD	TW	LEGUE.	IN	222 4	I Cold Sp	very (	,a 7	LIZ	10
		BURIAL, CREMATION, REMOVAL	236. DATE	23t. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	O	ity	51.	ATE
	I	BURIAL	AUG.19,		WELL (	America and America	NORRIS	CITY_WHI	re il	LINC	IS
		JNERAL DIRECTOR		ADDRESSAI	LTIMO	RE, MD. 250 071	REC'D. BY REGISTRAR	GISTRAR'S	SIGNAU	RE •	1
		MITCHELL-WIEDER	ELD HOM	E 6500 YC	RK RI	). 21212   nys	1 0 1305	Journa	N 101	and a	

DHMH - 16 50M 1/81 (VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TAUG 2 6 1982

1.	FOR - STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG	SIENE 8	2	2 0	250
	CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	Mar		Co	berth	8/24/8			3:35PM
3. SE	X	4 RACE	5. DATE O		6 AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS
_	female	white	7	14 1912	70	YRS.		
Ti. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D TNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	laryland	USA	WIDOWE	DIVORCED	Baltimo	re Ci	tv	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KINDO	F BUSINESS OR
J	Baltimore		kins H	ospital	Asst. Ma			11 store
13a S	STATE 13b CO	UNTY 13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔯	130 STREET ADDRESS 3514 Woo	dring		
17	ATHER'S NAME FIRST	Michael C	rouse	15. MOTHER'S MAIDEN NA			Gore	т
	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR		Ap.	t. F
Stare !	TO (IF YES.	GIVE WAR OR DATES] 540-	268-46	-A Mary Fi	nk. 7402	Meado	whrah	ch Ct
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  T CONDITIONS CONTRIBUTING	SEQUENCE OF	20b. IF YES,	N IN PART HO	GS USED		
RIFF					YES NO	YES	_	NO
MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJI	JRY IN ITEM 18 PAR	RT 1 OR PART 2)	
MEC	21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET FACTORY, O	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
	220.1 certify that (I (this has sow the deceased alive above (I) we) (did) (did) 22b. SIGNATURE	spital attended the deceased from \$12 deceased from not) view the body after death.	19 8 , 01	nd that in (my) aur opinion of DEGREE  ATTENDING PHYSICIAN	death occurred on the o	AFF	ond from the c	
	Eduardo	MARBAN		Folky f	topling	Hosp	ital	)
(	SURIAL, CREMATION, REMOVA SPECIFY) Burial	8-27-82		emetery or crematory ston Nat. Co		Arlin		Va.
	INERAL DIRECTOR Lassahn Fune	eral Home, 74	RESS 101 Bel		E REC'D. BY REGISTRAF			shield

DHMH - 16 5 (VRA 15, 4)

etained by the haspital ar

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical hould be detached for use as the burnal-transit permit. Then pleases emany carbowing the State Dept. of Health and Mental Hygiene prior to burial, cleanation, as IMPORTANT: If them 21 is marked as remaining the state of the st Liev Kundese . Fin Isabages will cell mich ...... go The state of the s THE CONTROL SECTION OF THE PARTY OF THE PART

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be and completely filled in by the funeral director. I ond 2 should be filed within 72 hours ofter retained by the haspital or attending physician.

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

0	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE 8- 2	2 1	0 2	5 /
M)		CEASED NAME FIRST DOR		MIDDLE	FIEL	AST	20. DATE OF DEATH  August 2			26. HOUR a 9:20 M
ent.	3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS
		Female	White	e	NOV		67	YRS.	NIHS DAYS	HOURS MIN.
170		RTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY	11101	F DEATH	
25		Maryland	U	SA	WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	re Cit	· /	MD
20		TY OR TOWN OF DEATH  Baltimore	11. NAME OF		G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homem	ON OF WORKING LIFE)	12b. KIND O INDUSTRY	Home
35	130. 5	AL RESIDENCE (IF NURSING HOME COL TATE 13b. COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 3732 E11			
DC	14 FA	THER'S NAME FIRST Elmer	MIDDLE T.	Matthe	ews	15. MOTHER'S MAIDENNA FIRST Sadie	MIDDLE		?	π
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
		JO	IVE WAR OR DATES)	215 05	3950	Mrs. Shir	ley Evans,		Sar	ne
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per	r line far (a), (b), and	d (c l.)				BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	CANO	LER	OF THE	LUNG		one	4002
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, O	r as a conseque	NCE OF	C BRON		IDITION GIVEN	JIN PART 110	ars
2	CERTIFICATION	190. DATE OF OPERATION	. 19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
9		230. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A		YEAR	21c. HOW INJURY OCCUP		RY IN ITEM 18 PAR	T 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
Z 1 15 mg		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did	JULY	(18 10 1	82	that in (my) (our) opinion		- '	and from the	
H H H H H	7	226 SIGNATURE My	Kan	enselver	for h		MEDICAL STA		220 DATE	SIGNED 24-82
Z Z		Dr. Miguel					Brd St., B	alto.,	Md.	
Š.		BURIAL, CREMATION, REMOVA SPECIFY) B <b>uria</b> l	23b. DATE 8/27			EMETERY OR CREMATORY Ridge	23d. LOCATION CITY OR TOWN Pikesvi	lle	COUNTY	AD STATE
/82	24. FI	UNERAL DIRECTOR Henr 1905 York Roa	y W. Balto	Jenkins 8	Sor 212	ns Co. 250 A	UG 2 6 1982 AF	25b REGISTRA	AR'S SIGNA	shulf

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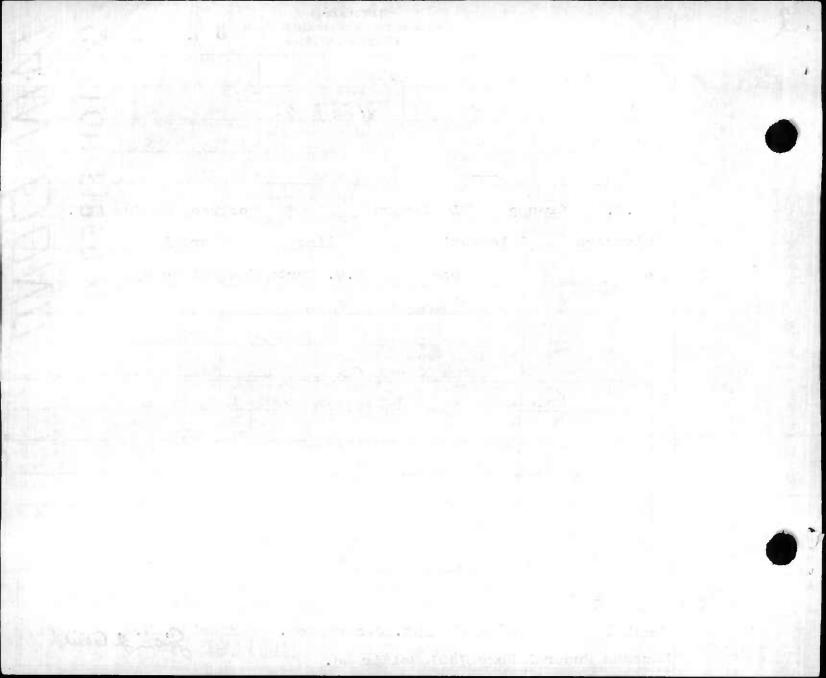
1				STATE OF MARYLAND		
	FOR STATE REGISTRAR		CE	OF HEALTH AND MENTA RTIFICATE OF DEATH	REG. NO.	20258
	DECEASED NAME YPE OR PRINT)	vatore	MIDDLE	larieti	20. DATE OF DEATH MONTH	14 82 8 28
3.	male	1 RACE		ATE OF BIRTH MONTH DAY YEA	1	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70.	BIRTHPLACE (STATE OR FOR COUNTRY)	,	( / )	ARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	/ 1
10	Balhmore Li		F HOSPITAL, NURSING HO	DIME OR OTHER INSTITUTIO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKI)	NG LIFE) 12b. KIND OF BUSINESS O INDUSTRY N/A
13	STATE  N.Y.	GHOMOROTHERINSTITUTE OCUNTY Orange	ON, GIVE RESIDENCE BEFORE ADMI 13c. CITY OR TOWN Middletov			rden Apt.
1	father's NAME Salvatore	MIDDLE Coler		15 MOTHER'S MAIDE FIRST <b>Elaine</b>	Sikorski	LAST
	(YES, NO OR UNKNOWN)	VU.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	none		ta Funeral Home	9
CERTIFICATION		the lost DUE TO,  FICANT CONDITIONS  Pheumo Hu	idsax ; Iv	Turits	20a AUTOPSY? 20b. II	
	OR CONTRIBUTING CA	USE OF DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM	
MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	(AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, FARM, E	TC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		this haspital) attended Polive on		, and that in (my) (our) ap	pinion death occurred an the date and	haur and fram the causes stated
	Jeu 224. PHYSICIAN'S NAA	ME (TYPE OR PRINT)  VENCE TO	Nage, 1 Nogee	MANO ATTEND	ING MEDICAL STAFF IAN DIRECTOR PHYSICIAN TYMUR LITE 1	+ 8/14/82 tospitals
- 1	6. BURIAL, CREMATION, R (SPECIFY)	EMOVAL   236. DATE   8/16		Joseph Cem	CITY OR TOWN	COUNTY STATE
24	FUNERAL DIRECTOR NAME assahn Fur		ADDRESS	25	AUG 1 8 1982 STRANDER	GISTRES CONCLUMENTS.

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

ATTENDING PHYSICIAN, The law

TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician



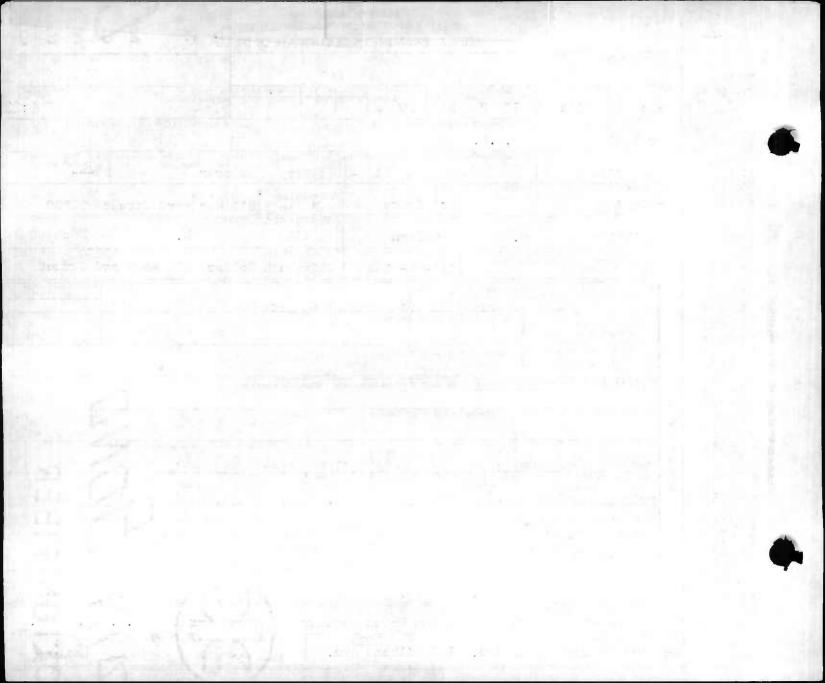
DECEASED NAME FRST MIDDLE LAST 120. DATE KNOWN MONTH DAY YEAR OF ESTI- OF ESTI- DEATH MATED 18 21 19 8:	771
II VIII	771
Male White 12 2 31 6 AGE (IN YEARS IF UNDER 1 YR.   IF UNDER 24 HRS.   24 DATE   MONTH DAY YEAR   LAST DIRITHDAY   MONTHS DAYS HOURS MIN   PRONOUNCED DEAD   8 21 19 8	2 2:2,3
BIRTHPLACE (STATEOR POREGO COUNTRY)  Maryland  7b. CITIZEN OF WHAT COUNTRY?  WIDOWED   NEVER MARRIED   NEVER MARRIED   Baltimore City or Country OF DEATH  WIDOWED   DIVORCED   Baltimore City	PM MD.
Baltimore   11. Name of Hospital, Nursing Home, OR OTHER INSTITUTION   120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BI OR INDUST OR MORKING LIFE)   120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BI OR INDUST OF WORKING LIFE)   120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BI OR INDUST OF WORKING LIFE)   120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BI OR INDUST OR INDUS	
SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)   30. STATE	)
William C. Colgan Ida R. Buck	
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  160. SOCIAL SECURITY NO. 213-28-8268  17. INFORMANT ADDRESS 21230 Elizabeth Kollar 812 Woodward Streen	et
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  ASPROXIMAL From hanging by neck  Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 last.	

	9530 MMEDIATE CAL	DUE TO, OR AS A CONSEQUENCE OF			
	Canditians, if any, which	41.5			The second
	gave rise to immediate cause (a) stating the <u>under-lying</u> cause last.	DUE TO, OR AS A CONSEQUENCE OF			
	7/11/9	(c)			
	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIB	PUTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PART	11101.	
,	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPSY?
					YES X NO
	210. EXTERNAL CAUSE WAS UNDERLYING OR	116. TIME OF INJURY HOUR A.M. MONTH DAY YEAR		ENTER NATURE OF INJURY IN ITEM 18 PART 1 C	DR PART 2)
	CONTRIBUTING CAUSE OF DEATH		Cell #6, East	. Bottom tier	
	21d INJURY OCCURRED  WHILE IN NOT WHILE IN	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK XX	city jail	401 E. Eager S	treet.Baltimore C	ity. MD
	22a. I certify that I taak charge of th	ne remains described abave, held an	Autapsy X. Inspection		y apinian
	death resulted fram, Natural cau	ises , Accident . Suici	de XX Hamicide	Undetermined manner ,	
	14000	1 112	TITLE (SPECIFY)		0.100.100
	ACTUAL SIGNATURE	7000	Assistan	T MEDICAL EXAMINER SK	ATE 8/22/82
	EXAMINER'S NAME	12.0			
	(TYPE OR PRINT) HORM	ez R. Guard,M.D	ADDRESS	Penn Street, Balto	.,MD 21201
	JRIAL, CREMATION, REMOVAL 236 DA		TERY OR CREMATORY	23d LOCATION	GOUNTY SKATE
	Burial 8/2	4/82   Glen Have	n Cemetery	Glen Burnie A.	A. Co. Md.

BP. **DHMH - 17** (VR A15 ME (5))

24 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 20M 4/82

250. DATE REC'D BY REGISTRAR 256. REDISTRAR'S SIGNATURE COLLEGE 24. FUNERAL DIRECTOR

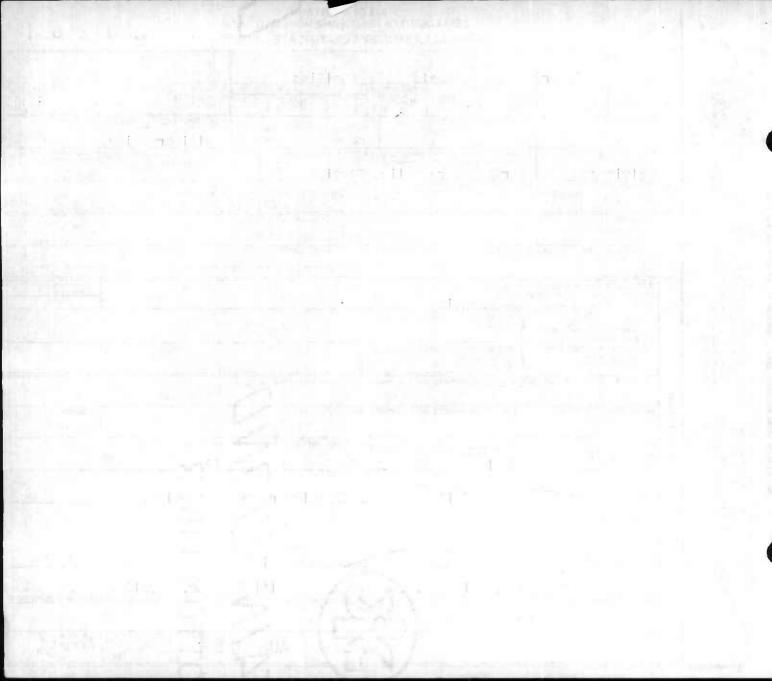


. 2	1.	FOR Item 21&22 STATE REGISTRAP/19/82	Film 572 DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY MCERTEICATE OF DEATH C n	GIENE 8 2	2-08/2-65
900 a	1. DE	CEASED NAME FIRST OR PRINT) Lest	en: Marion	Colhouer	20. DATE OF DEATH MONTH	19 82 7:15
and the second	1 SE	Male	1 RACE White	S. DATE OF BIRTH  MONTH DAY YEAR  09 26 1905	6 AGE (IN YEARS LAST BIRTHDAY)  76  YRS	IF UNDER 1 YEAR IF UNDER 24 H
35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NIVORCED DIVORCED	BALTIMORE CITY OR COUN	TY OF DEATH
38	1	ALTO. MI)	(IF NOT IN SUCH FACILITY, GIVE STREET	MOD HOSE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS INDUSTRY ealoud
should be			rother institution, give residence before NTY 13 country or town Arunde Pasaden		7617 Water Oak	Point Rd. , 2
3020	0	George	MIDDLE Colhouen	7926	MIDDLE	Michael
S. Poges 1	160	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECUL VE WAR OR DATES) 216-09-0		rris, Same as ?	
ed by the oftending physic leose remove corbonpopel riol, cremation, or removal. or ather traumatic event, th	7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	Due to, or as a consequing (c) Acute	ENCE OF OPENCE OF tracheitis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
os been signed bermit. Then plane ne prior to buri ws ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF Y	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
unial-tronsity tental Hygier Item 18 sho	MEDICAL CERT	? (a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M. 2	182 FELL		YES NO B PART 1 OR PART 2)
After this se os the but olth and M marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. L certify that (1) (this hosp	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	county state
ERAL DIRECTOR: e detoched for us Stote Dept. of He ANT: if Item 21 is		saw the deceased glive or above(II) we) (did) did no III STO IA TURE	at view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO FUNERAL should be det with the State IMPORTANT:	23a	EDWARD T	23b. DATE 23c.	220 ADDRESS  MIEMSS  NAME OF CEMETERY OR CREMATORY	22 S. GREE	ne St. BAIN
6 50M 1/81		SPECIFY Burial UNERAL DIRECTOR	8/23/1982 91	en Haven Mem. Park	CITY OR TOWAL	Anne Arundel,
A 15, 4) 20/	M	c Cully F. H. Mo	untain & Tick Ne	asadena, Md.	UG 25 1982   %	lung lakely

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

FOR



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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND N

ENTAL	HYGIENE	
EATH		

1		1 - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	20262
		Essie		Conley	20. DATE OF DEATH MO	15 82 3 4 M
100	-)	emale	- Black	5 DATE OF BIRTH MONTH DAY YEAR 7 12 1912		MONTHS DAYS HOURS MIN.
	0	North Carolin	u USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Battimore	City MD.
	8	By Ithmar City	(IF NOT IN SUCH FACILITY, GIVE ST	+ Marsland Hospite	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
	35	Maryland	DME OR OTHER INSTITUTION, GIVEN ESIDENCE BE COUNTY 136 CITY OR T	VES DE NO	13e. STREET ADDRESS 3512 Fair	Jew Ave.
3	00	4 FATHER SNAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	WIDDLE	Wilkans
medico	1	160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? 166 SOCIALS YES, GIVE WAR OR DATES)	2-771 Bernard	L Conlev 2	35/2 Fairview
al, cremotion, ar rem r ather troumatic ee		Conditions, if any, wh gove rise to immedia cause (a), stating	ote			
prior to burial, ony injury, or a	An		CANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER		ON GIVEN IN PART 110
giene pi	54	RIIFIC			YES NO NO	YES NO NO
Mentol Hy or Item 18	9	21g, ACCIDENT WAS UNDERLY.  OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)  21d INJURY OCCURRED	E OF DEATH HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)  COUNTY STATE
eolth and s marked a		AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, PARM EIC)	SI10	
of He 21 is		saw the deceased all above, (1) (we) (did) (	TO I WAR	9_57, and that in (my) (our) opinion	n death occurred on the date of	and hour and from the causes stated
State Dept. ANT: If Item		Harol	al blokens, m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 8/19/82
with the State	1	THE ENSICIAN'S NAME	Rob evts	22 S. G	reene St	But mp zizol

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove corba with the State Dept. of Health and Mental Hygiene prior to burial, cremation, are

230. BURIAL, CREMATION, I (SPECIFY) 24 FUNERAL DIRECTOR NAME

23c. NAME OF CEMETERY OR CREMATORY ACET. MemPK LAW.

8-23

23b

COUNTY

THE RESIDENCE OF THE BEAUTING CONTRACTOR FAIRWISE Bill of Education and State (Astron. Careful) 

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recuted within 24 hours often

1	JOH	FOR STATE REGISTRAR		DI	STATE OF MARYLAND PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA
		I. DECEASED NAME	FIRST	MIDDLE	LAST

8-	-2	2	0	2	6	1
	DEG NO					

1	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	20	2 6	3
		EASED NAME FIRST	MIDDLE	ι	AST .	20. DATE OF DEATH MON	ITH DAY YEAR	10.11001	1 1
	(TTRE	OK PRINT)	CHARLES I	M. CC	NNOR	August 22,	1982	11:4	12 M
	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YE		4 HR5
		Male	White	Aug		65	YRS.	HOURS	MIN.
9	JarBi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH	1	
2	_	Maryland	USA	WIDOWE	D DIVORCED	Baltimore	City		MD.
2	1	iyor town of death Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Sinai Hos	E STREET ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO President—	RKING LIFE) INDUST	Conno	
1	13a. S	L RESIDENCE (IF NURSING HOME O TATE 13b. COU Maryland	NTY 13c. CITY O		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	130. STREET ADDRESS Harper Hou	use – Ci	Inc ross K	•
1	14. FA	THER'S NAME FIRST  John	S. Con	nor	15. MOTHER'S MAIDEN NA	Loretta		McCab	oe .
		(AS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRESS			
ĺ,		Yes Navy 215		14 4643	Mrs. Anna	Z. Connor,		ROXIMATE INTERVENIONSET AND D	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.    Conditions   Constitute							5
9	TION	PART 2 OTHER SIGNIFICANT		ALC:					
1	CERTIFICATION	190 DATE OF OPERATION	DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION				b. IF YES, WERE FIN CERTIFYING CAU YES		
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART	2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	\$1.	ATE
			61107	_19	nd that in (my) (our) opinion	, to 8/22 deoth occurred on the dote o			,
		226. SIGNATURE ROBERT	- Barha M	M		MEDICAL STAFF DIRECTOR PHYSICIAN	_ 8	23/8	2
		22d. PHYSICIAN'S NAME (TYPE Dr. Robert	Parker, M.	D.	Good Sama	aritan Hospita	al, Balto	o., M	)
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY		ATE
	,	Runial	8/25/82	New C	athedral	Balto.		MD ST	W16

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician IMPORTANT: If them 21 is marked or them 18 shows any

njury, or other troumotic event, the

24. FUNERAL DIRECTOR Sons Co. 21212 W. Jenkins & Balto., Md. York Road

AUG 24 1982 John & Court

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## STATE OF MARYLAND

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	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0 2. 0
	ECRASED NAME FIRST Charles	A.	( 50 per	20 DATE OF DEATH MONTH	82 3.48
3 SE	Male	4. RACE	S. DATE OF BIRTH  AUG. Q. 190	177	IF UNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS
1	IRTHPLACE (STATE OR FOREIGN COUNTRY) MISSOURI	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED   WIDOWED   DIVORCED	PALTIMORE CITY OR COUNTY	OF DEATH
	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY GIVE STR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION LLYPE OF MORK FOR MOST OF WORKING LIFE RETIRED - NAYY	126 KIND OF BUSINESS INDUSTRY
130	Md. 50	131. CITY OR TO	> ANNE YES NO B	Has STREET ADDRESS BOX	3717
10	ATHER'S NAME FIRST 16079E	NMI CO	OPEL FLOELL	A MIDDLE C	OOPER
10	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)  228-1	18-4369 CORINNE		NE MD 2
	PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), ED BY: TE CAUSE (o) ARDI  DUE TO, OR AS A CONSECT  (b) DUE TO, OR AS A CONSECT  (c) RUP TA	DULMONARY DUENCE OF CELOOP HEM	Arrest -	BODAYS  BODAY
CERTIFICATION	PART 2 OTHER SIGNIFICANT HYPUTA  190 DATE OF OPERATION  7 1 3 1 8 2	Eusion	O DEATH BUT NOT RELATED TO THE TANK CH OPERATION WAS PERFORMED UTVALOR BLEES	200 AUTOPSY? 206 IF YES, IN CERTIFY YES NOW	WERE FINDINGS USED ING CAUSES OF DEATH
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CHE ETHER NOTIFY MEDICAL EXAMINE CAUSE ON THE NOTIFY MEDICAL EXAMINE OF THE CAUSE OF THE CA	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED (ENTERNATURE OF INJURY IN ITEM TO PA	RT I OR PART 2)  COUNTY STAT
200	22a.1 certify that (I) this hosp	oital) attended the deceased from	BZ and that in (my) (our) printed to DEGREE ATTENDING	death occurred on the date and hour	9 82, that (II (we and from the causes state 22c. DATE SIGNED
	224 PHYSICIAN'S NAME (TIPE	4 1-000	PHYSICIAN [	_ DIRECTOR _ PHISICIAIN	10/0/00

DHMH-16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove cortain paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or semoval

retained by the hospital or attending physician.

TO HOSPITAL OR

WEBSTER

3/11/82 23¢ NAME OF CEMETERY OR PRINCESS HNKE COUNTY SOM

Rt. 3 Box 354 250. DATE REC'D. BY REGISTRAR 256.

PRINCESS ANNEMD AUG 1 2 1982

THE WAY TO SELECT THE 15000001 WHEN ENGRED OF THE CONTRACT OF THE PROPERTY OF C - 12 110 3 -130.7 Control of the same of x de la desarta de la companya de l The way are a grown of the second of the sec THE RESIDENCE OF THE PROPERTY OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and cample should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages, Land with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

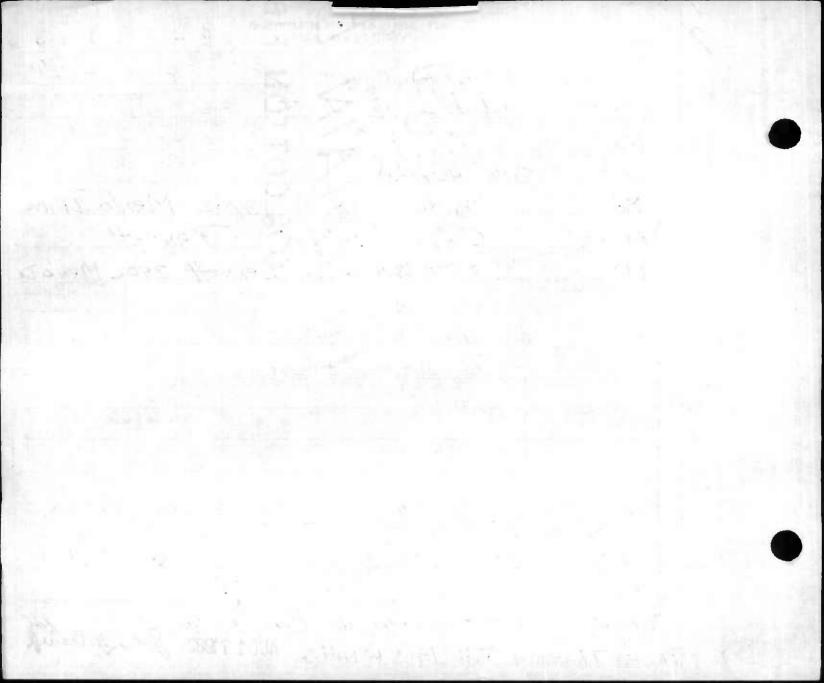
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumotic event, the medica

## STATE OF MARYLAND

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1	1 -	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH  8 2 2 0 2						2 6
-		EASED NAME FIRST	WIDDLE	LAS	1	2a DATI		MONTH	DAY YEAR	2b HOUR
	(TYPE	ORPRINT) TENESO	~ (Thorasa	1 (00	oper			8 -	16-82	925P
ı	3 SEX		4 RACE	5. DATE OF	BIRTH	6 AGE	(IN YEARS LAST BIRT	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-		Ferne	Black	MONTH 12	4 5	5 5	26	YRS	MONTHS DAYS	HOURS MIN.
A		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIE	9 BALTI	MORE CITY O		Y OF DEATH	
2		M	C.S.A.	WIDOWED			C17	44		MD.
1	0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION		AL OCCUPATION			F BUSINESS OR
4	-	Part	SINAL HOSE	11 fal		(1110)	WORK TON MOST O		II TOOSTKI	
5	3a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN		WN 11	3d INSIDE CITY LIMI	130 STRE	et address	M	eN/o ]	DRIVE.
J	14 FA	THER'S NAME FIRST	MIDDLE LAST	1	5 MOTHER'S MAIDE	NAME	MIDDLE		// 145	
4	-	)Ames	(coop)	er	Delore	T	Ke	XX	eff	
		VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS	A = 1	1
		NO	22064	4679	Delores	Ben	NOH	34	02 M	BNO DE
١		18 CAUSE OF DEATH Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b), a		1				BETWEEN	MATE INTERVAL ONSET AND DEATH
ı			E CAUSE (0) Candia	Hrres	+					
		Conditions, if any, which (b) brain sten her ninton							1 21	
1		gave rise to immediate							dan	75
1		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEO		s of He	6-				
1		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO				ASE OR CONE	DITION GIV	VEN IN PART 1:0	
1	NO NO							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· Ett it i AKT III	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a A	UTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED
	TIF					YES [		YE	ES 🗌	NO [
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY O	CCURRED (ENTE	R NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19						
1	WED	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
1		AT WORK AT WORK				(0.1)	63	7-17		
1		220. I certify that this haspit	ol) ottended the deceased from			82 , to_	Augus			hot (I) (ve) lost
_		sow the deceased alive on above, (1) (Ne) (did) (did not 22b. SIGNATURE	view the body after death.	, 0110	that in (my) (aut) op	olnion death occi	urred on the do	ite and hau		
١		C 2 .		DE	GREE ATTENDI	NG _ MEDIC	AL STAF	F.	22c. DATE :	SIGNED
Н		22d PHYSICIAN'S NAME (TYPE OF	PRINTI		PHYSICI 22e ADDRESS	AN DIRECT	OR PHYSIC	IAN	18/16	115
		7 1 1	Zimnem		Sina.	Hospita	1		/	
1	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEA	METERY OR CREMAT		CATION		7.552.55	
		Burral	8-21-82	Cedar	1.11	en x	DITY OR TOWN	-	COUNTY	He
	24. FU	NERAL DIRECTOR	4 4 400000		25	O. DATE REC'D	7 000	25b. 0.51	AR'S SHOLAT	anul
	BR	Down Thomas	JEN FIHI	113 W	BALLOST.	AUU I	1 BOL	0		

DHMH-16 50M 1/B1 (VRA 15, 4)



51.	STATE REGISTRAR	DEPAI		CATE OF DEATH	REG. N		20
	CEASED NAME FIRST	WIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY YE	ar 26. HOU
100	Catherine		C	OPELAND	August 2	7, 1982	
1.5E	X	4. RACE	5. DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER I	YEAR IF UNDER
	F	Negro	12	25 1921	7/	YRS.	DATS HOOKS
	MTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH
5	COUNTRY	9,5A	WIDOWED		Baltimore	e City	
16 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OF	OTHER INSTITUTION	120 USUAL OCCUPAT		ND OF BUSINE
	Baltimore	Mary land Gen	eral Hos	spital	None	OF WORKING LIFE) INDU.	SIRT
IsU	AL RESIDENCE (IF NURSING HOME O	OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
1	md	RA	ITA	YES NO	410 N.C	hesten	Sit
14. Fa	ATHER'S NAME		120	15 MOTHER'S MAIDEN NA	ME		
1	Tharlie	MAPT	50	FIRST	WIDDLE	1-/-	LAST
	WAS DECEASED EVER IN U.S. AF		CURITY NO.	17. INFORMANT	ADDR	ESS	3/
	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	12116	mac Rat	11/0 903	N. Bola	OA A.
	10 CAUSE OF DEATH (Feter of	alu ana sawa nas lina far (a) (b)	and (a)	JURI DAY	110 100	n verin	PPROXIMATE INTER
	PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b), ED BY: Shock	and (C1.)			BET	WEEN ONSET AND
	IMMEDIA	TE CAUSE (a)	111111				
	0/5/	DUE TO, OR AS A CONSECUTION GAS TO	QUENCE OF	nal bleed			2 hours
	Canditians, if any, which gave rise to immediate	(b)	11103611	iai bicca		-	- Hours
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	QUENCE OF				
		(c)					
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO Sepsis	TO DEATH BUT N	NOT RELATED TO THE TERM	minal disease or con	IDITION GIVEN IN PA	RT 1(a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI			200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
Ĕ	August 20, 198	2 Ulcers, righ	ht HIP a	and both HEEL	S YES NO NO	YES [	NO [
1 8	210. ACCIDENT WAS UNDERLYING		DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPA	RT 2)
¥	OR CONTRIBUTING CAUSE OF DE	A1111	DAY YEAR				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	OWN COUN	TY S
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC )	STREET	CITACATO	JWN COOK	
		ital) attended the deceased fra	m Augus	17 19 83	2 August	27 19 8	2, that <b>x</b> (v
	saw the deceased alive as	August 2/	9 82, and	that in <b>ym</b> y) (aur) apinian			
	abave, (K (we) (did) (dide)	(1) view the bady after death.		EGREE			DATE SIGNED
	Jan. 1	10. 16mm	M.D.	ATTENDING	_ MEDICAL _ STA		
1	22d. PHYSICIAN'S NAME I (YP)	1 1000	1-11 ).	PHYSICIAN [ 22e. ADDRESS	DIRECTOR PHYSIC	CIAN	/27/82
100		Hwu, M.D.		226. ADDRESS			
	0 01111 001	nwa, n.b.		c/o Marylan	nd General H	dospital	
230.	BURIAL, CREMATION, REMOVAL	23b. DATE / 2	30 NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY	9
	Burgial	8/31/82	BASTY	iew Cem	BAI	to.	n
24 F	UNERAL DIRECTOR	100000	. 0		TE REC'D. BY REGISTRAR	256 ROSISTRAR'S SI	GNATURE .
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STATE OF MARYLAND

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# deoth. Page 4 may be uires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The

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n signed by the offending Then please

should be detached for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene priar to burial, crematian, ar

IMPORTANT: If Hem 21 is marked or Hem 18 shares any

24. FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC.

TO FUNERAL DIRECTOR: After this certificate has been

retained by the haspital or ottending

injury, or other traumotic event,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 2

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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RE	GISTRAR			CERTII	ICAIL OF	LAIII	REG. NO	D.		
DECEA	SED NAME FIRST		MIDDLE		AST			MONTH DA	AY YEAR	2b. HOUR
OR P	BEC	KY	W.	CC	RE			8/30/	82	5:00PM
EX		4. RACE		5 DATE O			6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	
. F	EMALE	WHI	TE	MONTH 10		42	3	9 YRS.	ONTHS DAYS	HOURS MIN.
BIRTH	PLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER	MARRIED [	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	LORIDA	U.S	. A .	WIDOW		VORCED TX	BALTIMOR	E CITY		MD.
0 CITY	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCUPATI			OF BUSINESS OR
В	ALTIMORE	(IF NOT IN SU	ST. AGNE		PITAL		SYSTEMS AN			EPHONE CO
	ESIDENCE (IF NURSING HO	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)					1	22710712 00
	1.00	ALTIMORE	CATONSV		YES T	NO 😿	13e STREET ADDRESS 101 KENWOO	D AVEN	TIE. 2	1228
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	DECEASED EVER IN U.S	ARMED FORCES?	16b. SOCIAL SECU				AUDERDAL PORE	SS FLC	RIDA	33301
	O OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	267-66-	6537			THERINGTON			3rd ST.
	CAUSE OF DEATH (Ente	or only one cours no			1 0002-			1101		XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CA	USED BY:	C O .		2 02	right	breant u	: th	OCTAVEEN	ONSET AND DEATH
	1749 IMME	DIATE CAUSE (o)	College - Value	MOM	0	7700	A CONTRACT	3) 1 5 1		
-	anditions, if any, which		R AS A CONSEQUE	NCE OF	lu	no on	clasteri 8		18 1	2/500
9	ove rise to immediate	e )				1	3			
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PA	ART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO F	FATH BUT	NOT RELATED	TO THE TERMI	NAI DISEASE OR CON	DITION GIVE	N IN PART 1:	(n)
							THE DIGETION ON COTT			
CERTIFICATION 100	DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		WERE FINDI	
E							YES IN NOV	IN CERTIFY YES	_	S OF DEATH?
210	D. ACCIDENT WAS UNDERLYING				21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR			
0.00	CONTRIBUTING CAUSE O	T DEATH	.M. MONTH DA .M.	Y YEAR						
$\sim$	I INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATI					
- V	HILE NOT WHILE I	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC )	STREE		CITY OR TO	WN	COUNTY	STATE
_	I certify that (I) (this h	pospital) attended t	ne deceased from "	7-	25-	10 62	10 8 - 71	7 1	C/2	, that (I) (we) last
	saw the deceased alive	e on 8 - 7	30 19 0	5.0	nd that in (my	(our) opinion d	leath occurred on the do	te and hour	0	
221	obove, (I) (we) (did) (di b. SIGNATURE	d not) view the body	after death.		DEGREE				22c DATE	E SIGNED
	A. Ma	thew				ATTENDING	MEDICAL STAF		8	2010
220	I. PHYSICIAN'S NAME (T	YPE OR PRINT)			22e. ADDRES	PHYSICIAN _	DIRECTOR   PHYSIC		10/	20/82
	A-Mat	Trond			SAA	The Hos	m) for , 90	To cate	n Ave	· Bullin
3- 01/0	IN CREMATION SSIIC	VAL TOOL DATE	122.	LAME OF S	T CO 10					
(SPEC	IAL, CREMATION, REMO (IFY) I <b>TR T A T</b> .	VAL 236. DATE			EMETERY OR	CREMATORY AT. PARK	23d LOCATION CITY OF TOWN ELKRIDGE	LIOLIAI	COUNTY	ARYLÂÑD
KI	RIAL.	1 (19=0)	-X7 IK()	JHELLIK .	MH.MUR I	AL PARK	I PLIKK LIKE	HUWAI	(I) I'I	AKILAND

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1. DECEASED NAME (TYPE OR PRINT)

REGISTRAR

- STATE

	(TYPE	ERNES'			OTTE	N		8	15/	82	7:50P
	3. SE	X	4 RACE	5. DATE	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER	RIYEAR	IF UNDER 24 HRS
		Male	Black	8		95		87 YRS			HOURS MIN.
مريخ	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	D NEVER M	ARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DE	ATH	
50	N		USA	WIDOW	ED M DIV	ORCED	Baltimo	re C	ity	,	M
2/0	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	JRSING HOME	OR OTHER INST	TUTION	178. USUAL OCCUPATI			KIND OF	BUSINESS O
77		altimore	North Cha	rles G	eneral						
70		AL RESIDENCE (IF NURSING HOME OF			113d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS				
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00		Lesley		ten			Unknow				
3		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	SECURITY NO.	17 INFORMAN		ADDRE				
e a		Yes	N/	A	Cusie	Cott	en 748 Va	n Bu	ren	St	. N.W.
eveni, inc		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b	), and (c)	^ =	0 1	100 10		BE	APPROXIMETWEEN O	MATE INTERVAL
		PART I. DEATH WAS CAUSE	TE CAUSE (a)	INOUI	A C	Sepi	1 cemia				
		4360	DUE TO, OR AS A CONS	EQUENCE OF		V					
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5		gove rise to immediate cause (a), stating the	DUE TO, OR AS A_CONS	EOUENCE OF	0 -	0					
or orner		underlying cause lost.	(c) Sei	sure	disord	XX.					
	7	PART 2. OTHER SIGNIFICANT	conditions <u>contributing</u>	TO DEATH BU	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN P	ART 11a	1
5	CERTIFICATION										
7	FICA	198. DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	IN CERTI	S, WERE FYING C	AUSES (	GS USED OF DEATH?
9	RTI				T		YES NO		ES 🗌		NO 🗌
91		210. ACCIDENT WAS UNDERLYING CAUSE OF DE		DAY YEAR	21c HOW INJ	URY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART 1 OR P	ART 21	
/	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19							
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM, ETC )	211 LOCATIO	N	CITY OR TO	WN	CQU	INTY	STATE
		AT WORK NOT WHILE AT WORK			010	63		alia	- 0	2	
		22a.1 certify that (1) (this haspi	0 15	0 7	8/8	19 8 2	, to	0/13	19		hat (1) (ve) as
			t) view the body after death.	19_5		aur) opinian	deoth accurred an the do	te and ha	ir ond fre	om the c	ouses stoted
		22b. SIGNATURE	walit m.1		DEGREE	TENDING _	MEDICAL STAT	5	224	DATE S	IGNED
		1		3 ,	P	HYSICIAN [	MEDICAL STAF			8	12 85
		22d. PHYSICIAN'S NAME (TYPE C			22e. ADDRESS						1
T		A.C. CHOW	IACII		100						
	23a. B	URIAL, CREMATION, REMOVAL			EMETERY OR CI	REMATORY	23d. LOCATION		COUNT	v	STATE
		JRTAL	8/19/82	Cedar	Hill		Glenbu	rnie	COUNT		M 1
1		INERAL DIRECTOR	AODR	EC.C.	To be a second		E REC'D. BY REGISTRAR	25b REGIS	TRAR'S S	IGNAT	RE 11d
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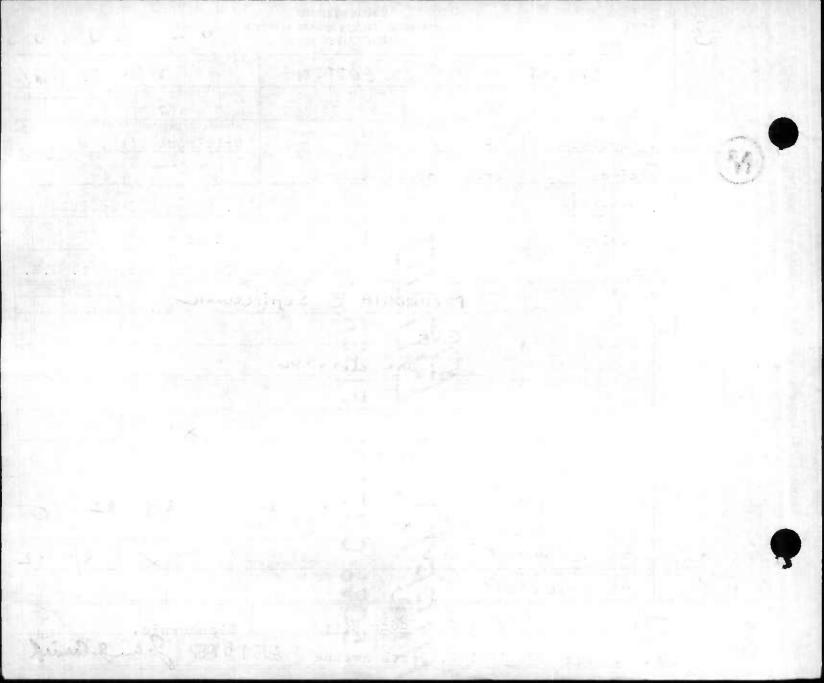
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

20. DATE OF DEATH MONTH



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	- STATE CN REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYO ERTIFICATE OF DEATH	REG. NO	2 0	2 6 9
	ECEASED NAME PE OR PRINT) HORACE EX	MIDDLE	DATE OF BIRTH	20. DATE OF DEATH A	AONTH DAY YEAR  3 - 8 2	26 HOUR - 12 - 35 M AR IF UNDER 24 HRS
	m.	W	MONTH DAY YEAR 95	87	YRS MONTHS DAY	
25 r	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED NEVER MARRIED DIVORCED	BALTO.	CITY	MD
16 0	CITY BALTO.	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI LUTHERAN HOSP	RESS)	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		O OF BUSINESS OR
2/	nD.	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ffeyette /	lve. 2121
20 14.1	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE		LAST
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SECURITY 2130916 A	YNO. 17 INFORMANT	ADDRES	s •	
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DBY: TE CAUSE (0) Cardin F.  DUE TO, OR AS A CONSEQUENCE (b) Black   DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS CONTRIBUTING TO DEAR	ar Ponécimenie	a & U · T-j	T.	DRIMATE INTERVAL IN ONSET AND DEATH
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES []	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY P.M.	YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2	)
MED	21d. INJURY OCCURRED  WHILE NOT WHILE ALL WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	saw the deceased alive ar	ital) attended the deceased from	7 - 5 , 19 8 2 2 , and that in (my) (our) apinion	death occurred on the dot		, that (I) (we) lost he couses stated
	22b. SIGNATURE	1	DEGREE  HD ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA		TE SIGNED
1	22d. PHYSICIAN'S NAME (TYPE OF	SHAU	27. ADDRESS ₹730 AS	hburten &	+ BALTIN	ne KE 212,
	BURIAL, CREMATION, REMOVAL (SPECIFY)  Removal	236. DATE 236 NAM 8/5/82	ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	FUNERAL DIRECTOR NAME Anatomy Board	Balto., Md.		AUG 101982	Sh. R.G.STRAR'S SIGN	Canrief

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×	ROW IN	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the liberal in	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the wind the second of the
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	O TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 health of the hospital or ottending physicion.		

3		em 7a #G570 8/2 FOR STATE REGISTRAR	30/82 ph DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	2027
poge 3		CEASED NAME Charl		Cox	20 DATE OF DEATH MONTH	17-82 3:05
s offer	3. F	Male RTHPLACE (STATE OR FOREIGN	White  / White	5. DATE OF BIRTH  MONTH DAY YEAR  9 2 22	6 AGE (IN YEARS LAST BIRTHDAY)  59  YRS  9 BALTIMORE CITY OR COUN	
W47		N.Y.	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	Baltimore (	City ,
11094		Balto.	Bon Secours Ho	ospital	(TYPE OF WORK FOR MOST OF WORKING Porter	LIFE) 12b. KIND OF BUSINESS C
tilled to the state of the stat	130	Md. Balt	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136 CITY OR TOW Balto	YN 13d. INSIDE CITY LIMITS?  YES NO 🔀	13e STREET ADDRESS 1928 Altavue F	Rd. #21228
ompletely 1 ond 2 s	7	William	MIDDLE LAST COX	15. MOTHER'S MAIDEN NA Helen	MIDDLE	Pinbleton
Poges		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 055–18–0		28 Altavue Road,	Balto., Md. 21228
een signed by the ottendin it. Then pleose remove corb ior to buriol, cremotion, or y injury, or other troumotic	TION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  CONDITIONS CONTRIBUTING TO  CONDITIONS CONTRIBUTIONS TO	ENCE OF LOSI'S; DEATH BUT NOT RELATED TO THIS TERM  LASI'S, KON	AINAL DISEASE OR CONDITION C	
ertificate has bee	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO SPART (OR PART ?)
fter this certifion on the buriol-triple the buriol-triple the buriol-triple or ked or Item.	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, I	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: A lfor use of Heol		220.1 certify that (1) (this hospi sow the deceased official above, (1) (ye) (did) (did no	otol) ottended the deceased from		deoth occurred on the date and h	our and from the causes stated
NERAL DIRE be detoched e Stote Dept. TANT: If Item		22d. SIGNATURE  TOTAL  22d. PHYSICIAN'S NAME (TYPE O	1 1Lt	M,D, ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	8/18/8.
TO FUNERAL should be derived the Stote IMPORTANT:		VICTOR	5 ROTH, M	1. D. 700 Was		d, Baltozi
)		urial, cremation, removal specify) <b>Cremation</b>	8-20-82 We	Name of Cemetery or Crematory estview Mem.Pk.Cem.		Balto. Md
- 16 50M 1/B1 /RA 15, 4)	disc	ruman Schwah,	ADDRESS	to the firety	TE REC'D. BY REGISTRAR 256 REG	STRAR'S SIGNATURE

THE STREET OF STREET, INC. ALCIE CONTRACTOR OF STATE Belgie il St. Land and Landy and I M. James and and the control of the co

1	FOR STATE REGISTRAR	DEPA	RTMENT OF HE CERTIFI	CATE OF D		REG. NO.	2 0 2	2 7
	CEASED NAME FIRST	widdle L.	COX	ST		August 16, 19	DAY YEAR	26 HO
2.00						,		
3. St		4 RACE	5 DATE O	F BIRTH 2 <sup>©</sup> 2Ž	δ°3	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	1.
$\overline{}$	emale	Black		22	03	79 <sub>YR</sub>	S.	1
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)  N.C.	76 CITIZEN OF WHAT COUNTS  USA	WIDOWE		ORCED	Baltimore City or Coun		
10.0	Baltimore	11. NAME OF HOSPITAL, NUR "F NOT IN SUCH FACILITY GING ST "Mary I and "Ge"				12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 126. KIND INDUSTRY	
130.	DAL RESIDENCE (IF NURSING HOME O STATE 136 COU	NTY 136 CITY OR TO		13d. INSIDE CI	TY LIMITS?	13e. SIREET ADDRESS 760 Dolphi	n St.	
14. F	ATHER'S NAME FIRST	MIDDLE LAST			MAIDEN NA/			AST
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMAT	NT	ADDRESS		
	(15 YES, GI	N/I	A	Glady	s M.	Hill 760 Dol	phin S	t.
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECT  (b) ASPIRAT  DUE TO, OR AS A CONSECT  (c)	DUENCE OF					7
NO O	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to Dehydra</u>	tion;	Seni	TO THE TERM  le deme	INAL DISEASE OR CONDITION (	SIVEN IN PART T	lo
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFOR	RMED	20a AUTOPSY? 20b. IF	YES, WERE FIND ETIFYING CAUSE YES [	INGS US S OF DE NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJ	IURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	8 PART   OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	CE, FARM, ETC )	211 LOCATIO STREET	N	CITY OR TOWN	COUNTY	
7		Ital) attended the deceosed from August 16 19  Exercise the body after death.	82 onc	that in ( <b>)(</b> y) ( EGREE	TTENDING HYSICIAN [	, to August 16 death accurred on the date and h  MEDICAL STAFF DIRECTOR PHYSICIANAX	22c. DATE	
230.	Jim-Jer Hwur	, M.D.	3c. NAME OF CE	c/o	Maryla	and General Hos	pital	
	Burial		Baltim			Baltimore	COUNTY	M
24 F	Burial UNERAL DIRECTOR Vm. C. March				25a DATE	Baltimore REC'D. By REGISTRAR 29. DO		G

STATE OF MARYLAND

Influent forent Leafway - manitist 

D DE	STATE REGISTRAR		CAL EXAMINER'S		KLO. IV	
	CEASED NAME FIRST	MI	DDLE	LAST	20. DATE KNOWN OF ESTI-	MONTES DAY YEAR
1		CATHERINE	· · · · · · · · · · · · · · · · · · ·	RITIS	DEATH MATED	0 27 17 02
3. SE		5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON	JNDER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR
	amle White		906 76 yrs.		DEAD	8 25 19 82
F	RTHPLACE (STATE OR	76. CITIZEN OF WHAT	COUNTRY? 8. MAR	RIED NEVER MARR	RIED   9 BALTIMORE CITY	OR COUNTY OF DEATH
- 4	aly	U.S.A.		WED A DIVORC	1 Dati Hiore	City
	TY OR TOWN OF DEATH		AL, NURSING HOME, OR OT Y, GIVE STREET ADDRESS)	HER INSTITUTION	FOR MOST OF WORKING LIFE SeamSTress	PE OF WORK 17th KIND OF BU OR INDUSTE
erit.	Baltimore AL RESIDENCE (IF IN NURSING HOME	Universi	ty Hospital		Seamstress	Garment
135	LATE 136. C DUI	NTY 1	3c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 5109 Ballman	/0100-7
				YES NO 1		Ave. (21225)
14. F	ATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S MAID	MIDDLE	unknown
1/ 1	Joseph WAS DECEASED EVER IN U.S. AI	DUED CORCECO	Maddlon  b social security No.	Concet	LTA ADDRES	
100.		/E WAR OR DATES)	129-10-6551		, , , , , , , , , , , , , , , , , , , ,	(21225)
_				Katherine	e Haberkorn 531	
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUST	FR RV				APPROXIMATE BETWEEN ONSE!
10	9654 IMMEDI			abdomen (L	unspecified wea	pon)
			A CONSEQUENCE OF			
	Conditions, if ony, which	te / (b)				
	couse (o) stoting the <u>under</u> lying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF			
		(c)				
z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PA	ART 1 (a)	
1 E	190. DATE OF OPERATION	19b CONDITIO	N FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
U						BORY ON
Ē	210. EXTERNAL CAUSE WAS	216. TIME OF IN	JURY ZIC I	HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)
ERTIF	UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH 10 P.M.		Subject shot	+	
AL CERTIFI	CONTRIBUTING CALISE OF	DEATH TO P.M.	0-74- 14 07	OCATION	l e	
DICAL CERTIFI	214 INTILIPY OCCUPRED	21e PLACE DE I				
MEDICAL CERTIFICATION	214 INTILIPY OCCUPRED	STATES, FACTORS	FARM ETC.	STREET	CITY OR TOWN	Anno Arundol
MEDICAL CERTIFI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	home	51 B00	STREET 109 Ballman	Ave.	Anne Arundel
MEDICAL CERTIFIC	21d. INJURY OCCURRED WHILE AT WORK  220 1 certify that look chair	home	ed obove/held on Book	STREET  109 Ballman  1	AVE.	
MEDICAL CERTIFI	21d. INJURY OCCURRED WHILE AT WORK  220 1 certify that look chair	home	51 B00	O9 Ballman  O9 Ballman  O9 Ballman  O9 Ballman  O9 O	Ave.	Anne Arundel
MEDICAL CERTIFI	21d. INJURY OCCURRED WHILE AT WORK  220 1 certify that look chair	home	sed obove held on BOC Auto kident A, Suicide	O9 Ballman  Opsy D, y Inspectio  I, Homicide X  TITLE (SPECIFY)	AVE.  Inquiry , o  Undetermined monner ,	Anne Arundel
MEDICALCERTIFIC	21d. INJURY OCCURRED WHILE AT WORK  22e 1 certify that hook chol death resulted from: Mat	home	sed obove held on BOC Auto kident A, Suicide	O9 Ballman  Opsy D, y Inspectio  I, Homicide X  TITLE (SPECIFY)	AVE.	Anne Arundel
MEDICAL CERTIFI	21d. INJURY OCCURRED WHILE AT WORK  270 1 certify that look cho death resulted from: ACTUAL SIGNATURE  EXAMINER'S NAME  TE	home	ged obove held on BOC Auto	STREET  O9 Ballman  Dpsy DX y Inspection  I, Homicide X ,  TITLE (SPECIFY)  M.D. Deputy Ch	AVE.  Inquiry , o  Undetermined monner ,	Anne Arundel  Ind in my opinion  DATE SIGNED 8-25-8
230.1	21d. INJURY OCCURRED WHILE AT WORK  220 1 certify that flook cho death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL	rge of the remoins describe wrol couses Administration of the couses Administration of the couse	ged obove held on BOC Auto	Deputy Charless 111	AVE.  Inquiry , o  Undetermined monner ,  historical examiner  Penn St., Balt	Anne Arundel  Ind in my opinion  DATE SIGNED 8-25-8  O., Md. 2120
230.8	21d. INJURY OCCURRED WHILE AT WORK  220 1 certify that look chol death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  URIAL, CREMATION, REMOVAL SPECIFY)	rge of the remoins describe virol couses Adams D. Smi	bed obove held on Bock ident Auto Suicide L	Deputy Characters and Control of Crematory	AVE.  Inquiry , o  Undetermined monner ,  historical examiner  Penn St., Balt	Anne Arundel  Ind in my opinion  DATE SIGNED 8-25-8
230.E C 24. F	21d. INJURY OCCURRED WHILE AT WORK  220 1 certify that flook cho death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL	prol couses And	th, M.D.  23c. NAME OF CEMETERY Westview Ce	M.D. Deputy Chadress 111 OR CREMATORY  STREET  OR CREMATORY  250DATE	AVe.  Inquiry , o  Undetermined monner ,  hiefedical examiner  Penn St., Balt    23d LOCATION     23d LOCATION     Baltimore     REC'D. By REGISTRAR   124	Anne Arundel  Ind in my opinion  DATE SIGNED 8-25-  O., Md. 2120

Julian Same where the Casabara was suffice only a Personal District of State of executed within 24 haurs after death.

FOR

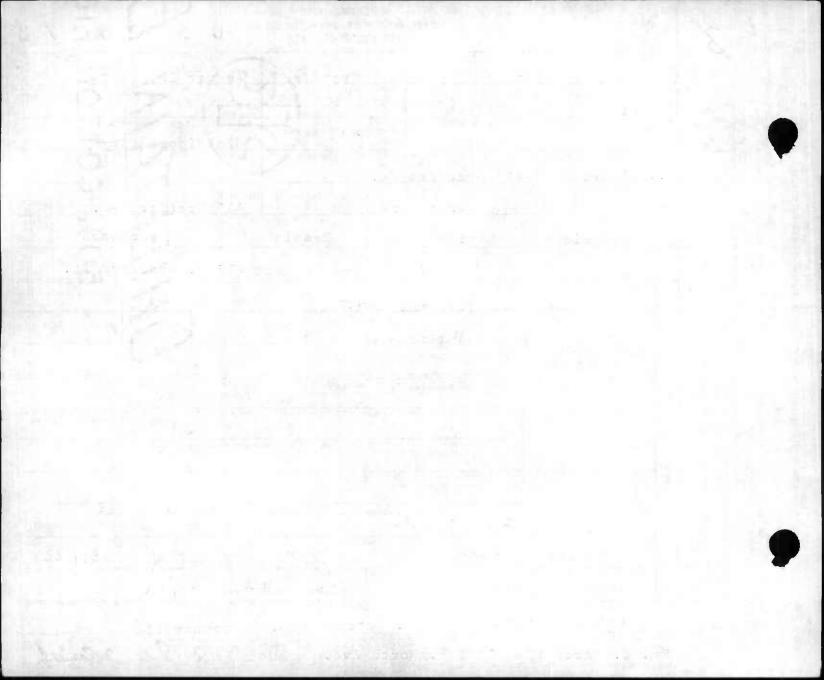
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

١, ١	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	20	4/0
	CEASED NAME F	FIRST	MIDDLE	LAST			AR 2b HOUR
		llian		Crawford	August	18. 1982	M
3. SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	
F	emale	В1	ack 5	15 27	5.5	YRS.	DATS HOURS MIN.
И. В	IRTHPLACE (STATE OF FORE		WHAT COUNTRY? 8	ED W NEVER MARRIED	9 BALTIMORE CITY O		TH .
	MD	U	SA WIDOW		Baltim	ore City	MD
10. €	ITY OR TOWN OF DEATH	1 11. NAME OF I	HOSPITAL, NURSING HOME		12a USUAL OCCUPATIO	ON 126 KI	ND OF BUSINESS OR
В	altimore		radford St.		(TIPE OF WORK FOR MOST OF	WORKING LIFE) IIIDUS	SIRT
		HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	1136 INSIDE CITY LIMITS?	13e. STREET ADDRESS		
M	D		Baltimore	YES X NO		dford St	
14. F/	ATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NA			1457
	Frederic		ross	Bessie	Middle	Johns	on
	VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
	No	IF TES, GIVE WAR ON DATES)	N/A	Frieda Hur	t 412 N.	Bradford	St.
	18 CAUSE OF DEATH	Enter only one cause per	line for (a), (b), and (c)			BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PART I. DEATH WAS	MEDIATE CAUSE (0)	respiratory qu	rrest			
	4019	DUE TO, O	R AS A CONSEQUENCE OF				
	Conditions, if ony, w		Hypertension			734	
		the DUE TO. OI	R AS A CONSEQUENCE OF			35.7	
	underlying couse	lost (c)					
7	PART 2 OTHER SIGNIF	ICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	OITION GIVEN IN PAI	RT 1(0
CERTIFICATION							
ICA	19a DATE OF OPERATIO	N 196 CONDI	TION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED USES OF DEATH?
RTI					YES NO	YES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERL			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	₹1.2)
ICA	(IF EITHER NOTIFY MEDICAL	EXAMINER) P.					
MEDICAL	21d INJURY OCCURRED	(AT HOME_STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	vn count	TY STATE
	AT WORK NOT WHILE						
	220 I certify that (I) (th		(1)	19 82		19 82	/ / /
	obove, (I) (we) (did)	did not view the body	ofter death.	nd that in (my) (our) apinion	death accurred on the da		
	22b. SIGNATURE	1 18:	200	DEGREE ATTENDING	MEDICAL STAF		DATE SIGNED
	/ sol	W Marin	***	PHYSICIAN	DIRECTOR PHYSIC	IAN 🔀	7/19/82
	22d. PHYSICIAN'S NAME		. = 0	22e ADDRESS	1 1/2 1/2	-1.0	
	MICHAE		LEK	Johns	tobkins Mon	pital	
23a. E	BURIAL, CREMATION, REA			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	8/24/	82   Md. V	eteran Cem.	Crownsv	ille	MD
	JNERAL DIRECTOR		ADDRESS		REC'D. BY REGISTRAR	256 PEGISTRAR'S SIG	NATURE
W	m. C. Marc	h F/H 11	01 E. North	Ave. AU	6201982	John J.	lanely

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO FUNERAL DIRECTOR After this certificate has been signed by the

IMPORTANT: If Item 21 is marked or Item 18 shaws ony



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pool

TO FUNERAL DIRECTOR: After this certificate hos been signed by the aftending physicion and campletely filled in by the funeral direl should be detached far use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 22 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

13	1-	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	2027
		CEASED NAME FIRST	MIDDLE	CROWFORD	20 DATE OF DEATH MONTH	H 1952
	3. SE		1 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 12 5 1312	6. AGE (IN YEARS LAST BIRTHDAY)  90 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
35	M	PARYLAND	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNT  BALTIMORE  120 USUAL OCCUPATION	CITY MD.
40	E	BALTIMORE	LIF NOT IN SUCH FACILITY, GIVE STREET  AGNES	HOSPITAL	TRANS SP.	IPE) INDUSTRY US GOUT.
35	13a S	ARYLAND BAL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY  130, CITY OR TOW  TIMOR F PA-RKVIL	N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS 3907 ANDOR	RA COURT
36	7	JAMES (	RAWFORD LAST	15. MOTHER'S MAIDEN NA FIRST  VIRGII	MIODLE	LAST
2		NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	17 INFORMANT 5432 FAMIL	LY RECORDS	
or other traumatic event, to		PART I. DEATH WAS CAUSE	y one couse per line for (a), (b), and BY  E CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	Inclinary Ar ENCE OF Antery A	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
inlory.	NO	PART 2 OTHER SIGNIFICANT C	1 1 7 1 1 1	DEATH BUT NOT RELATED TO THE TERM	Minal disease or condition GIV	VEN IN PART Ito
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
9	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	11, 2763 1 6 60 1 11	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
irked or	MED	21d, INJURY OCCURRED  WHILE ONT WHILE OF WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
I Rem Z I IS mo		sow the deceosed alive on obove, (I) (we) (did) (did not 22b. SIGNATURE	ol) attended the deceased from	DEGREE ATTENDING PHYSICIAN	death occurred on the date and has  MEDICAL STAFF DIRECTOR PHYSICIAN (1)	vr and from the couses stated  27c DATE SIGNED
Z Z Z		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	27e. ADDRESS ST.	AGNES HOSP	Tal
4	B	BURIAL, CREMATION, REMOVAL SPECIFY) URIAL	23b. DATE 8/82 U	NAME OF CEMETERY OR CREMATORY  NION CEMETERY	23d LOCATION CITY OF TOWN MONTGOMER	COUNTY STATE M.D.
31	24 FL	NANS FUNC	EVAL Chaper		UG 3 0 1982	TRAN'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the hospital or attending physician.

City of Table A Carte And The Edwin The second second The first production areas as a 35 MILES ... Company of the Company of the Company of the State of the Company TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after desireted by the hospital or attending physician.

th. Page 4 may be

	I. DEC	REGISTRAR CEASED NAME	FIRST	MI	IDDLE		AST DEATH	REG. N		YEAR 25. HOU	JR.
7		OR PRINT!	nie	Ma	ae	Cr	eech		8 25	82 4:4	
A)	3. SEX	х		RACE	ack	S. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY) IF U	NDER I YEAR IF UNDER	24 A
01.	7- 01	Female RTHPLACE (STATE OR FOR			WHAT COUNTRY?	10		9 BALTIMORE CITY C	YRS YRS	DEATH	_
7/	CC	outh Caro		U			D NEVER MARRIED	Baltimor	_		n
(2)0	10 CITY OR TOWN OF DEATH Baltimore		5	11. NAME OF HOSPITAL, NURSING HOME OF 11. (F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5249 Cordelia Avei			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE		12h KIND OF BUSINESS		
35	Ma:	ryland	IG HOME OR OTH		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Baltimo	N	134 INSIDE CITY LIMITS? YES [2] NO [	Baltimor	5249 C e, Mar	ordelia yland 2	1
200	14. FA	THER'S NAME LEE	MIDE	DLE	Majo		IS. MOTHER'S MAIDEN NA Anna	MIDDLE		Aiken	
the me	160 V	WAS DECEASED EVER IT YES, NO OR UNKNOWN)	U.S. ARME! (IF YES, GIVE WA	AR OR DAYECE	166 SOCIAL SECU 220–24–		Mr. Cliffo				
, or other traumatic e		Conditions, if ony, gove rise to immun couse (a), stating underlying couse	which	DUE TO, OR	AS A CONSEQUE	NCE OF	caleno C.	A of peuc	Reas	2 mos	
ws any injury, or other	CATION	Conditions, if ony, gove rise to imme couse (a), stating underlying couse	which edicte the lost	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS CO	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 1(o)	D
Item 18 shows any injury, or other	CAL CERTIFICATION	Conditions, if ony, gove rise to imme couse (a), stating underlying cause  PART 2 OTHER SIGNI  CONTROL OF THE	which ediote the lost	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS CO	AS A CONSEQUE  INTRIBUTING TO D  CONTROL OF THE CON	ENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	DITION GIVEN  200. IF YES, W IN CERTIFYIN YES	IN PART 1(0)  ERE FINDINGS USEG G CAUSES OF DEAT	D TH?
Item 18 shows any injury, or other	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGNI  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA	which ediote the lost on the l	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS COI  19b CONDIT	AS A CONSEQUE  NTRIBUTING TO D  LON FOR WHICH  INJURY  A. MONTH DA	ENCE OF  ENCE OF  DEATH BUT  OPERATO  AY YEAR  19	NOT RELATED TO THE TERM  OR CONTROL  N WAS PERFORMED	AINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	ZON. IF YES, W IN CERTIFYIN YES THE IN TEM 18, PART I	IN PART 1(0)  ERE FINDINGS USE G CAUSES OF DEAT NO [ OR PART 2)	TH?
21 is marked or Item 18 shows any rigiury, or other		Conditions, if ony, gove rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGNI  218. ACCIDENT WAS UNDE OR CONTRIBUTING CORONTRIBUTING AT WORK  21d. INJURY OCCURRE WHILE AT WORK  220. I certify that (1) (1) country the decease obove, (1) (we) [di.	which ediote the clost lost.  IFICANT CON  RLYING  AUSE OF DEATH  EXAMINER  This hospital)  If alive on  If a	DUE TO, OR  (c)  DUE TO, OR  (c)  NDITIONS CO  21b. TIME OF HOUR A.M P.M  21c PLACE O (AT HOME, STRE)	AS A CONSEQUE  NTRIBUTING TO DE  FINIURY A. MONTH DA  A.  DE INJURY  TET, FACTORY, OFFICE, F.  deceased from	ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  ARM.ETC.)	NOT RELATED TO THE TERM  OR CONTROL  216 HOW INJURY OCCUR  211 LOCATION  STREET  19  and that in (my) (our) opinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU-	20b. IF YES, WIN CERTIFYIN YES THE TITLE TO	IN PART 1(0)  ERE FINDINGS USE G CAUSES OF DEAT NO OR PART 2)  COUNTY , that (I) (vid from the couses steel	D TH?
If Item 21 is marked or Item 18 shows any injury, or other		Conditions, if ony, gove rise to imme couse (a), stating underlying couse  PART 2 OTHER SIGNI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK NOTIFY MEDICAL 22a. I certify that (I) (1) 22b. SIGNATURE  22d. PHYSICIAN'S NAM	which ediote the clost lost.  IFICANT CON  REYING AUSE OF DEATH  EXAMINER CON  AUSE OF DEATH  EXAMINER CON  IT IS AUSE OF DEATH  IT IS AUSE OF DEATH  AUSE OF DEATH  IT IS AUSE O	DUE TO, OR  (b)  DUE TO, OR  (c)  19b CONDIT  21b. TIME OF  HOUR A.M  21e PLACE O  (AT HOME, STREE)  attended the	AS A CONSEQUE  NTRIBUTING TO DE  HON FOR WHICH  INJURY  A. MONTH DA  A.  JE INJURY  deceased from  offer deoth	ENCE OF  ENCE OF  OPERATIO  AY YEAR  19  ARM.ETC.)	NOT RELATED TO THE TERM  OF COMMENT OF THE TERM  N WAS PERFORMED  211 LOCATION  STREET  19  nd that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU-	20h. IF YES, WIN CERTIFYIN YES RY IN ITEM 10, PART 1	IN PART 1(0)  ERE FINDINGS USE G CAUSES OF DEAT NO [ OR PART 2)  COUNTY ST	D THE
If Item 21 is marked or Item 18 shows any injury, or other	WEDICAL MEDICAL	Conditions, if ony, gove rise to immercouse (a), stating underlying couse  PART 2 OTHER SIGNI  210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (# EITHER, NOTHY MEDICAL  21d. INJURY OCCURRE WHILE NOT WHILE AT WORK  270. I certify that (II) (  Sow the deceose obove, (I) (we) (di.  220. SIGNATURE	which ediote the lost lost on REYING NUSE OF DEATH LEXAMINER DID LEE OF DEATH LEXAMINER DID LES OF DEATH LEXAMINER DID LEXAMINER	DUE TO, OR  (b)  DUE TO, OR  (c)  19b CONDIT  21b. TIME OF  HOUR A.M  21e PLACE O  (AT HOME, STREE)  attended the	AS A CONSEQUE  INTRIBUTING TO E  ION FOR WHICH  INJURY  A. MONTH DA  A. MONTH DA  FINJURY  deceased from  offer death.	ENCE OF  ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  AAM, ETC.)	NOT RELATED TO THE TERM  OF A STREET  211 LOCATION  STREET  , 19  and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	Z00 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  death occurred on the death occurred occurred on the death occurred occurred on the death occurred occ	200. IF YES, WIN CERTIFYIN YES E RY IN ITEM 18, PART I	IN PART 1(0)  ERE FINDINGS USE G CAUSES OF DEAT NO OR PART 2)  COUNTY , that (I) (vid from the couses steel	TH?

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	A	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the busial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed within 72 hour difference with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-
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110	DESTITED OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.	- v >	CADODIANIT IS leaded to the control of the control
7 6 6	III .		

		FOR STATE REGISTRAR		MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		0 2	7 6	
		CEASED NAME FIRST RUBY	JEANNETT	E C	REIGHTON	20. DATE OF DEATH		DAY YEAR	26. HOUR	
M)	3 SEX		4 RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	1 198	R IF UNDER 24 HRS	
		Female	White		2,1934	48	YRS		HOURS MIN.	
67		New Jersey	76 CITIZEN OF WHAT COUNTRY?  USA	WIDOW		Baltimore city o		e City	MD.	
35		Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Church Hospital			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Interviewer Insurance				
35	130. S	Maryland 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 134. CITY OR TOW Baltimo	N	YES X NO		0 Bol	ton St	11.0	
<b>E</b>		Robert Ross	MIDDLE LAST		Ruby Roge:	MIDDLE		L	AST	
medicol		(AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 147-26-0		John G. Crei	ADDR				
or to burial, crematian, or rem injury, ar ather traumatic eve	TION	Conditions, if ony, which gove rise to immediate couse ioi, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	y one couse per fine for (a), (b), one D BY:  E CAUSE (a) CARDIOPUL  DUE TO, OR AS A CONSEQUE  (b) ADENO CAN  DUE TO, OR AS A CONSEQUE  (c) BIL EFFU  ONDITIONS CONTRIBUTING TO E	MONAR CER ( ENCE OF SSION DEATH BUT	LFFT) LUNG					
Hygiene prid	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND YING CAUSE S	INGS USED S OF DEATH? NO	
or frem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DA	YEAR	214 HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P			
orked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F)	ARM, ETC )	STREET	CITY OR TO	)WN	COUNTY	STATE	
f Item 21 is ma		220. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	AUGUST 1. 19	82	nd that in (my) (our) opinion of DEGREE	depth occurred on the d		r and from the		
with the State		22d. PHYSICIAN'S NAME (TYPE OF	PRINT)	5,0	PHYSICIAN C	DIRECTOR PHYSIC	CIAN	ATION	11/82	
with W	230 P	MUKESH LUHAR  JRIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF	100 N. BROAD	WAY BALTO,	MD.	21231		
	Bu	rial-Transit	Aug. 5,1982	Hope	well	Mullins.	Marion	COUNTY	STATE Caroli	
50M 1/81 15, 4)		NERAL DIRECTOR  Chell-Wiedefe	ld Home, Inc.Bal	5500 to.,	YORK RA	e rec'd. by registrar <b>G</b> - 61982	SV REGIST	RARASIC	week	

0 7 8 41 5 2 3 e ale ite e. 1,13 e'' Je sey 'D. alti o e cit/ alti ore dono •sital turviewe . . sure ce Jo. altione sign Is? Lolto ut. o ert Uss 829 ( 7 17-2 - 155 John . Jai atom Ja c

 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours after deem with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

deoth. Poge 4 mox be

executed within 24 hours ofter

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	2
	REG. NO.

1 DE	REGISTRAR				CEKIII	ICATE OF DEATH	REG. N	io. 4 U	4/
	CEASED NAME : OR PRINT) · R.	EGINA I	E. CRIS	T		LAST	20. DATE OF DEATH 8/31		2b. HOUR
3. SE	× Female	4	RACE	c.	5. DATE (		6 AGE (IN YEARS LAST BIR	EAR IF UNDER 2	
76. BI	IRTHPLACE (STATE OR FOUNTRY) 11d.	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED		YRS. COUNTY OF DEATH	
10 C	Balto.	ATH 11	1. NAME OF I	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW	ION DE WORKING LIFE) INDUST 110	D OF BUSINES RY
tr-Uz	AL RESIDENCE (IF NURS STATE	13b COUNT	THER INSTITUTION. Y	GIVE RESIDENCE BEFORE	E ADMISSION) N	13d. INSIDE CITY LIMITS? YES A NO	130. STREET ADDRESS 1109 F	alls Hill I	r.
14 FA	ATHER'S NAME FIRST	MIC ?	DDLE	LAST		15. MOTHER'S MAIDEN NA/ FIRST			LAST
	WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE W		16b SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR Aughter	ESS	
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CO			R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	1(0)
CA	19s. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
CERTIFICATION	21a. ACCIDENT WAS UNE	DERLYING	21b. TIME O	F INJURY		N WAS PERFORMED	YES NO	IN CERTIFYING CAU	DINGS USED SES OF DEATH NO
MEDICAL CERTIFICA	21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURI	DERLYING CAUSE OF DEATH CALEXAMINER) RED	21b. TIME O HOUR A.I P.I	FINJURY M. MONTH DA M.	YEAR		YES NO	IN CERTIFYING CAU YES TENTEM 18, PART 1 OR PART	DINGS USED SES OF DEATH NO
	210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCUR! AT WORK NOTIFY THE CONTRIBUTION OF THE CO	DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE This hospitol ed olive on	21b. TIME O HOUR A.I P.I 21e. PLACE (AT HOME, STR	FINJURY M. MONTH DA M.  DFINJURY EET, FACTORY, OFFICE, F.	AY YEAR 19 ARM, ETC.)	211. LOCATION STREET  19 dd that in (our) apinion o	YES NO CITY OR TO	IN CERTIFYING CAU YES  RY IN ITEM 18, PART 1 OR PART WN COUNTY . 19 ote ond hour ond from	DINGS USED SES OF DEATH NO
WEDICAL 230. B	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE NOT WAT WORK AT WORK 220. I certify then (I) specific the decession of	DERLYING CAUSE OF DEATH ALLEXAMINER)  RED  THILE CAUSE OF DEATH AND CA	21b. TIME O HOUR A.I P.I. 21e. PLACE (AT HOME, STR	FINJURY M. MONTH DA M.  DFINJURY EET, FACTORY, OFFICE, F.  THER COURTS  19 236. N	AY YEAR 19 ARM, ETC.)  ARM, ETC.)  JAME OF C	211. LOCATION 211 LOCATION STREET  19 and that in row (our) opinion of DEGREE ATTENDING PHYSICAL	YES NO CITY OR TO	IN CERTIFYING CAU YES  RY IN ITEM 18, PART 1 OR PART  NN COUNTY  19  ote and hour and from  FF  CIAN  COUNTY	DINGS USED SES OF DEATH NO  2)  STAT

DHMH - 16 60M 7/73

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be

retained by the haspital or attending physician.

(VRA 15 (4))

Emple Shell Mark Hyanel Harlier

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hours after the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 2) is marked or them 18 shows ony injury, or other traumatic event, the

# STATE OF MARYLAND FOR STATE REGISTRAR

C. march E/H 1101 E. North

PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH			
EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATI	E OF DEATH	

3	REG. N	10.	2	0	2	7	8
F D	EATH	MONTH	DAY	YEAR	7h	HOUR	

1. DE	CEASED NAME FIRST	, MIDDLÉ	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE	OR PRINT) ET	HELE	CROCKET	8	6 82 1135 M
3. SE	TEMALE	4 RACE 5	DATE OF BIRTH	6 AGE (IN YEARS SIRTHOLY)	IF UNDER LYEAR IF UNDER 24 HRS
Zn Bl		76. CITIZEN OF WHAT COUNTRY? 8	3 8 27	9 BALTIMORE CITY OR COUNTY	CEDEATH
	COUNTRY	1050	MARRIED NEVER MARRIED	CITY	OFBEATH
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	MD.
	BALTO	(IF NOT IN SUCH FACILITY, GIVE STREET ADDR	RESS)	(TYPE OF WORK FOR MOST OF WORKING LIF	
i≇USU. 13a S	AL RESIDENCE (IF NURSING HOW OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 234 Chesnut	CL.
14 FA	THER'S NAME	Turner Sta	YES NO NO NA		31 '
	Samual	MIDDLE	Elizabeti	Widale	Brown
		MED FORCES? 166 SOCIAL SECURITY 228 - 225		ADDRESS Prockett 234	Chestnut A.
		ly one cause per line far (a), (b), and (c)		TOCHCII A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TION		DUE TO, OR AS A CONSEQUENC  (b)  DUE TO, OR AS A CONSEQUENC  (c)  ONDITIONS CONTRIBUTING TO DEA	E OF  TH BUT NOT RELATED TO THE TERM		EN IN PART Ito
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	eration was performed	200 AUTOPSY? 20b. IF YES NO YES YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)
MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (# ETHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED  WHILE OOL WHILE AT WORK		YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART   OR PART 2)  COUNTY STATE
		ol) attended the deceased from	. 19	to	19, that (I) (we) last
	sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE Adul	S- Sf Herra	DEGREE  ATTENDING PHYSICIAN	death accurred on the date and hou	
	22d PHYSICIAN'S NAME (TYPE OR ADEL S	EL-HE NN	AWY G	SH.	Fig. 1
230 B	URIAL, CREMATION, REMOVAL		NE OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
24 FL	INERAL DIRECTOR			E REC'D. BY REGISTRAR 25 GIST	
w	on. C. March	F/H 1101 E. NO	orth Ave AU	6111982 Joa	I Coming

DHMH-16 50M 1/B1 (VRA 15, 4)

A State metals among the state of stage of the second of the second of the second 28 File Man William Street 2 Comment of the Street TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

1		STATE OF MARYLAND	
B	1-	FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 2 7	9
	) DE	REGISTRAR PLER CRESTIFICATE OF DEATH REG. NO.	
14		EASED NAME  FIRST  MIDDLE  1. (rossney)  1. (rossney)  20 DATE OF DEATH MONTH DAY YEAR 26 HO	OUR 35
1	3 SEX	4. RACE S. DATE OF BRITH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER	DER 24 HRS
Lå.	7. D.II	MAIL 12 25 03 78 YRS	13 MIN
19	0. BH	THPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIV	
13	10 CI	YOR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOTING SUCH FACULTY GIVE STREET) DIDNESS.  (IF NOTING SUCH FACULTY GIVE STREET) DIDNESS.  (IF NOTING SUCH FACULTY GIVE STREET)  (IF NOTING SUC	NESS OR
3	13a. S	L RESIDENCE AIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS	st
200	I4 FA	THER'S NAME  FIRST MIDDLE LAST  LAST MIDDLE LAST  MIDDLE LAST	
(/C	14- 14	JACOD CROSSNEY   MEALY (UNKN	DWW
medico	180	AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SING OR UNKNOWN! (I) FES, GIVE WAR OR DATES! 218/18-0.987 Production of the control of	2 R
or other froumotic event,		APPROXIMATE IN PART I, DEATH WAS CAUSED BY:  OMETION ON SET A  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  OUE TO, OR AS A CONSEQUENCE OF  OUE TO, OR AS A CONSEQUENCE OF	IND DEATH
	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra	
2	CERTIFICATION	90 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  198 20/82  198 CONDITION FOR WHICH OPERATION WAS PERFORMED  198 IN CERTIFYING CAUSES OF DE  YES NO	EATH?
9	-	210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH OF LORD A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
	MEDICAL	216 NJURY OCCURRED  216 PLACE OF INJURY  (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)  211 LOCATION  STREET  CITY OR TOWN  COUNTY	STATE
		2/14/17/ 2/20/27	(we) last
-14		DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO THE SIGNE	182
1		JORGE E. CALDERON 220 ADDRESS TH BOUTHORE G. M	1
-	(:	Burial Sept. 2, 1982 Cedar Hill Cemetery Baltimore, Manyland	STATE
31	Ma	citty Funeral Home, 130 E. Fort Ave. Balto. Md. AUG 30 1982	uf.

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG.	NO.	

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_	_	,	~	-	S.m.	- 0
DAY		YEAR		21	HOUR	

REGISTRAR		CERTIFICATE OF DEATI	REG. NO	5 40 2 R
1. DÉCEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 2b. HOUR
MAY	Α.	CROMWELL		8 28 82 250
3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	
FEMALE	WHITE	MONTH DAY YE 11 10	09 72	MONTHS DAYS HOURS MIN.
O BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	9 BALTIMORE CITY OF	
MARYLAND	U.S.A.	MARRIED X NEVER MARRIE		T TV
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	SING HOME OR OTHER INSTITUTION		MD.  12b. KIND OF BUSINESS OR
Bla	(IF NOT IN SUCH FACILITY, GIVE ST	REEF ADDRESS)	CT EDIZ	
USUAL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	CLERK	DEPT. STORE
13a STATE 13b COU	NTY 13c. CITY OR T	OWN. 134 INSIDECITY LIA		
MARYLAND -	BALTIN	20-74-		TON AVENUE, 21223
FIRST	MIDDLE	15 MOTHER'S MAID	MIDDLE	AST.
WILLIAM	ROSZ	ELL OTHE	A STATE OF THE STA	GLAESER
16a WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRE	SS
NO		7-8504 7 JAMES E.	CROMWELL, SR. 3	306 S. FULTON AVENUE
18 CAUSE OF DEATH Enter o	nly one couse per line for (a), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS		ardiac or		SETWIEN ONSET AND DEATH
4241 MMEDIA			774	
Conditions, if any, which	DUE TO, OR AS A CONSE			
gove rise to immediate	(b)	ypo tension)		
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF a ortic	c/	
	(c)			
		TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR COND	PITION GIVEN IN PART 110
2	enal of	ailare		
190 DATE OF OPERATION  8-22-82  210. ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
8-22-82	aortic	Stanosis	YES NO	YES NO
	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DE	AIR	19		
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFF	CE FARM, ETC ) STREET	CITY OR TOV	N COUNTY STATE
	ital) attended the deceased fra	m 8-22-82 19	82 10 8 -2	8 19 82, that (I) (we) last
saw the deceased alive or	8-28		pinion death accurred on the da	te and haur and from the causes stated
above((i) ()ve)((did))(did no	at) view the body after dead	DEGREE		226 DATE SIGNEDA

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar ta bur TO FUNERAL DIRECTOR IMPORTANT: If hem 21 is

DHMH - 16 50M 1/81 (VRA 15, 4)

morked or Item

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE BURIAL 09-01-82

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23c NAME OF CEMETERY OR CREMATORY LOUDON PARK

22e ADDRESS

ATTENDING PHYSICIAN

23d LOCATION

BALTIMORE

CITY

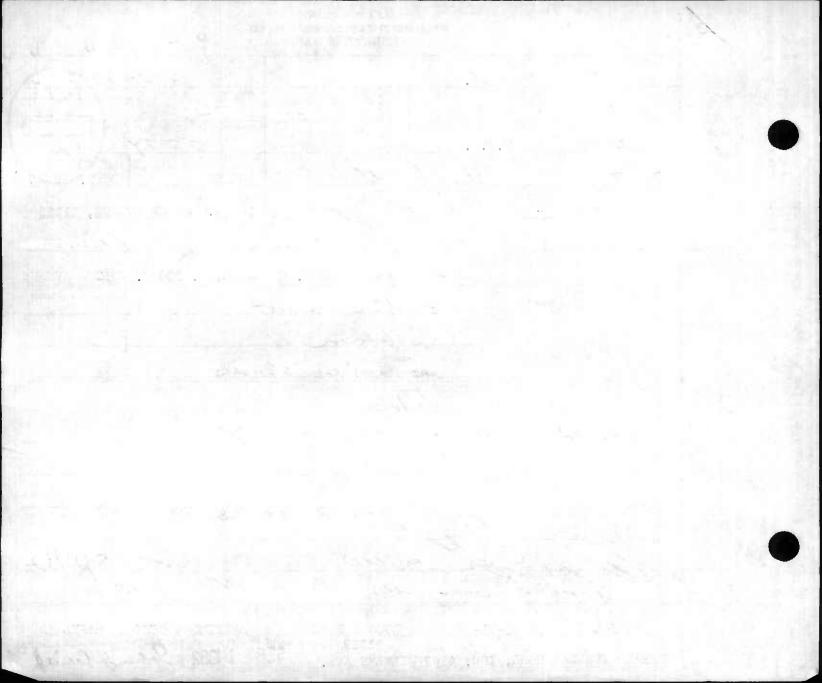
MARYLAND

24 FUNERAL DIRECTOR

21229

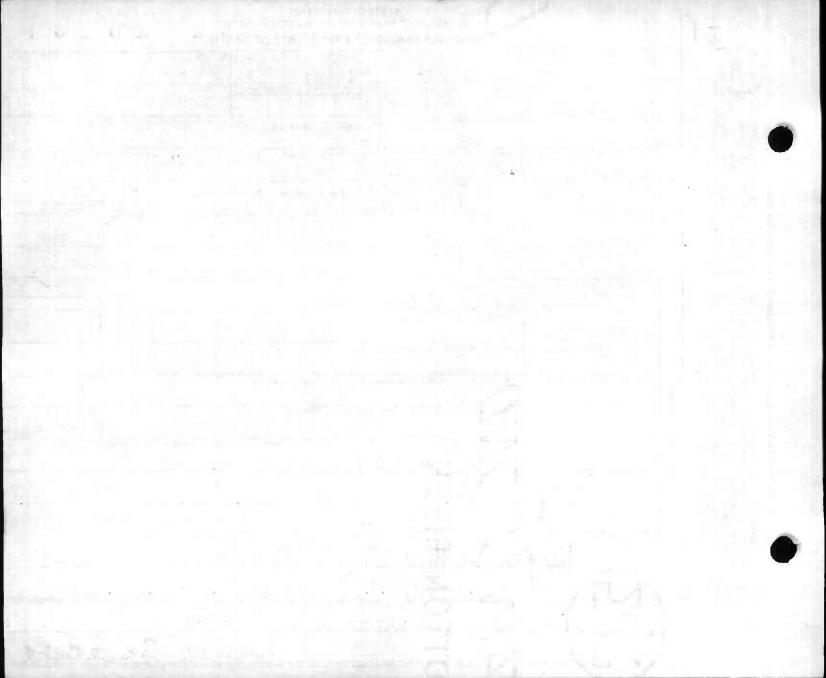
250 DATE REC'D. BY REGISTRAR 25b. 1982

MEDICAL



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FCW



				STAT	E OF MARYLAND						
<b>1 -</b> s			DEPARTA		IEALTH AND MENTAL HYG	IENE 8 2		2 0	2	8	2
	REGISTRAR			0.01		† RE	G. NO.				
1. DECE.	ASED NAME FIRST		VIDDIE		AST	20. DATE OF DEA		DAY	YEAR	26. HOL	JR
	DONA LI	)	E.	CU	LLEMBER	AUGU:	ST 17	, 19	182	10.	40,
3. SEX		4 RACE		S. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	MONTH:	DER 1 YEAR	IF UNDER	
1	MALE	WHIT	E	05	27 1918	64	YF	RS.	DATS	HOURS	MIN.
	HPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE C	TY OR COU	NTY OF D	EATH		
	RYLAND	U.S.A	١.	WIDOWE		BAL	TIMOR	E CI	TY		MD
	OR TOWN OF DEATH	11. NAME OF I	OSPITAL, NURSIN	G HOME C	DR OTHER INSTITUTION	12a USUAL OCCU		12	L KIND O	FBUSINE	ESS OR
BA	ALTIMORE	(IF NOT IN SOC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	S	T. AGNES	SALES F		NG LIFE) I IN	GOE'	TZ C	0.
UAL III. STA	RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDR	ESS				
M	ARYLAND BAT	TIMORE	CATONSV		YES NO	845 HII		ROAD.	212	28	
4. FATH	IER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA				LAS		**
	THOMAS	MIDDLE	CULLEM	BER	CARRIE	MID	DIE			BINS	ON
	S DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	A	DDRESS				-
(YES,		W II	214-14-	23/18	MARIAN E. CU	LIEMBER	845 H	TLLTO	PRD	21	228
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	AS A CONSEQUE	<i>(</i> )							-
CERTIFICATION 61	ART 2. OTHER SIGNIFICANT		mphocy		NOT RELATED TO THE TERM LLUKOMIA	INAL DISEASE OR	CONDITION	GIVEN IN	PART 10	)	
19 19	DATE OF OPERATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY		F YES, WEI			
=						YES NO		YES [	CAUSES	NO [	
	DR CONTRIBUTING CAUSE OF DI	MIN.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE C	DE INJURY IN ITEM	A 18 PART + C	OR PART 2)		
WE.	Id INJURY OCCURRED  WHILE NOT WHILE T WORK	21e. PLACE	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC )	211. LOCATION STREET	CITY	OR TOWN	C	OUNTY	- 5	STATE
27	sow the deceased alive a above, (1) (we) (did) (did)	- Aug	17 19 8		nd that in (my) (our) opinion (	to PUC	ne dote ond		from the		,
177	26. SIGNATURE	1 ments			DEGREE ATTENDING	MEDICAL	STAFF	1	22c. DATE		
-	000	foreste			PHYSICIAN [			]	8/1	7/82	
27	2d. PHYSICIAN'S NAME (TYPE	/			22e ADDRESS						
	CAPLOS	TOUANI	Es		ST. AGNES H	OSPITAL.	900 S	. CAT	ON A	VENU	E

ATTENDING PHYSICIAN: The

24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

BURIAL

should be detached for use as the burial-tronsit permit. Then please remave corban papers. Page: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or Item 18 stows any injury, or ather troumatic event, the Me

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

4107 WILKENS AVE. HUBBARD FUNERAL HOME. INC.

08-21-82

236 DATE

LORRAINE PARK 21229

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
WOODLAWN

BALT IMORE

MARYLAND

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE AUG 20 1982

- 1 SI ARMES 

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

20283

L	REGISTRAR								REG. NO.					
	CEASED NAME E OR PRINT)	REGIN		M.	CULO	TTA		AUG S	ST 1,	19	82	YEAR	26 HOU 08	30p
1 SE	Х	4	RACE		S. DATE C	DAY	XEAR A	6 AGE (IN YEAR	RS LAST BIRTHDA	AY)	MONTHS	DAYS	IF UNDER	R 24 HRS
1	Female		White		Aug.	23	1921	60		YRS				
. BI	IRTHPLACE (STATE)	OR FOREIGN 7		what country	/? 8. MARRIE	D A NEVER	MARRIED -	9. BALTIMORE	CITY OR C	COUNT	Y OF DE	ATH		
	Maryland		U.S.A.		WIDOWE		NORCED	BALTI	MORE	CI	TY			MD.
10. C	ITY OR TOWN OF D	EATH		HOSPITAL, NURS		OR OTHER INS	NOITUTION	12a USUAL OC			12b.	KIND O	F BUSINI	ESS OR
E	Baltimore			HOPKIN		PITAL		TYPE OF HOU	isewif	е		001111		
130.	AL RESIDENCE (IF N STATE <b>faryland</b>	13b. COUN		Baltime		13d. INSIDE	CITY LIMITS?	130. STREET AC 3201	DRESS Hami	1to	n Av	re.		
14. F	ATHER'S NAME					15. MOTHER	'S MAIDEN NA							
	Peter	N	IDDLE	Hag	gan		Marie		MIDDLE		B	Buck	ley	
	WAS DECEASED EV			166. SOCIAL SEC		17 INFORM	ANT	199	ADDRESS					
(	YES, NO OR UNKNOWN)	( IF YES, GIVE	WAR OR DATES)	219-12-	-9514	Jose	oh A. Cu	ilotta,	Sr. 3	201	Ham	ilto	on A	ve.
-	18. CAUSE OF DE	ATH (Enter only	one couse ner			/		1					MATÉ INTE	
CERTIFICATION	gove rise to cause (a), sto underlying could part 2. OTHER SI	ting the use last.	(c) ONDITIONS <u>CC</u>	R AS A CONSEQ DITRIBUTING TO	<u>D DEATH</u> BUT			20a AUTÓP:	SY? 20	Db. IF YE	S, WERE	EFINDIN	GS USE OF DEA	
CER	21a. ACCIDENT WAS		216. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATUE	RE OF INJURY IN	VITEM 18	PART I OR	PART 2)		
CAL	OR CONTRIBUTING		P.,		19									
MEDICAL	21d. INJURY OCCU	URRED WHILE	(AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC }	21f LOCAT			CITY OR TOWN	,	со	UNTY		STATE
	220. I certify that saw the dece	(I) (this hospite	ol) attended the	19	8 2,01	29 nd that in (my	) (aur) apinian o	death accurred	on the date	ond ho				
	MAL PUNCTED AND	1 wis				27e. ADDRE	PHYSICIAN [	DIRECTOR		NA .		8/	118	(
	22d. PHYSICIAN'S	NAME (TYPE OR	es				hus Hay	okins l	Hospi	Jal	j	Bal	toms	ere
	BURIAL, CREMATIO	N, REMOVAL	Aug.	5,1982		Redee	CREMATORY <b>mer</b>	23d. LOCATI CITY OR Bal	timor	e	(SEEDING	Ma	ryla	ind
	uneral director eonard J.	Ruck,	Inc. Ba	al timore	, Mary	land	25a. DAT	G - 3	182 25	Tien	TRAS	SIGNA	Person	

2744BP\_\_\_\_\_\_ DHMH-1650M1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

TO FUNERAL DIRECTOR: After this certificate has b should be detached for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene pr

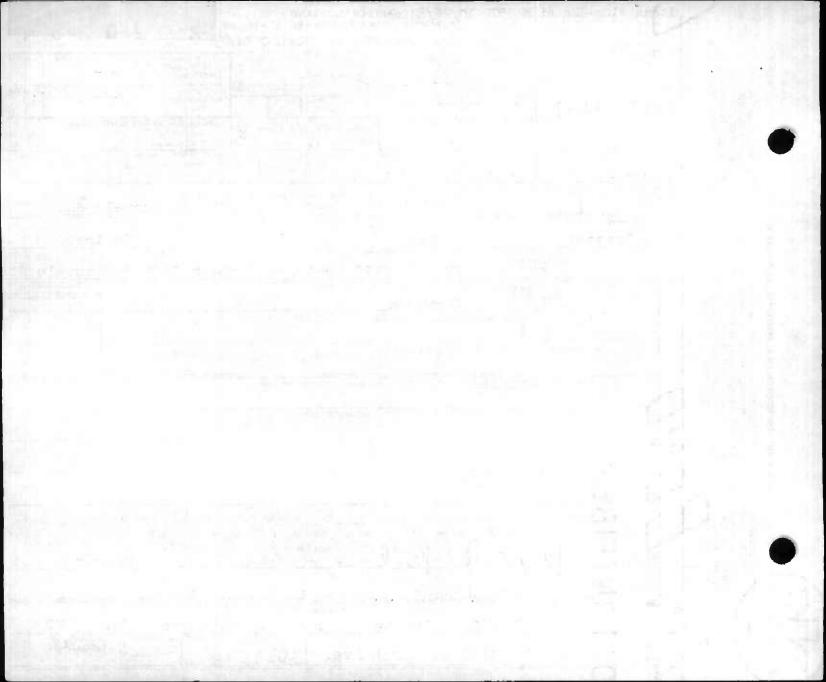
IMPORTANT: If Item 21 is marked or Item 18 shaws

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Leonard J. Luck, Inc. islanders, Saryland of Ada College Marchael



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ISION OF VITAL RECORDS, 401 W. PRESION ST., BALLIMORE; MART MARK LICON	p PrevSICIAN. The low requires that the death certificate be executed within 24 hours often death. Page 4-cay betterfing physician.	in this certificate has been upped by the otherabing physician and completely filled in by the funcial dines, copie 3 the business than the business of the bu
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	FOR
_	STATE
	REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR			CERTII	ICAIL OF DEATH	REG. N	O.		
DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR 2b	HOUR
THE ORPRINT)	Raymond .	J. Cypher:	S		AUGUST	9 +14	1987	
SEX	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BI			UNDER 24 HRS
MALE	WHIT	E	JUNE	28, 1914	68	YRS	INTHS DAYS H	OURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	-	9 BALTIMORE CITY		F DEATH	
PENNSYLVANIA	US	A	WIDOWI	ED NEVER MARRIED	BALTIM	1012 6	ITI-	
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT		12b. KIND OF B	
BALTIMERK	GGC D	SAMAR	_	,	SHLES MA		PLAS	Tic.
UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
MD.	UNIY	BALTIMO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6726 GLEN	KTRK R	D. 21239	9
FATHER'S NAME			2113	15 MOTHER'S MAIDEN NA	ME	TATALLE TO	D: 2125.	
EDWARD	WIDDLE	CYPHERS		KATHERIN	MIDDLE		STAAB	
WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
(YES NO OR LINKNOWN) (IF YES.	GIVE WAR OR DATES)	208-10-7	750	MEDICAL RES	un 3	501 ST	. PAUL	51
18 CAUSE OF DEATH (Enter	anly ane cause pe	line far (a), (b), and	d (c)				APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEAT
PART I. DEATH WAS CAU	IATE CAUSE (a)	CARDI	AL	ARRIZST			IMME	DINTI
14149	DUE TO O	R AS A CONSEQUE	NCE OF					
Canditians, if any, which	( (b)	Coron	MA	ARTERY	DISPASIZ		147	BOAS
PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, \IN CERTIFY!	WERE FINDINGS	DEATH?
JE MARKET AND THE					YES NO	YES		40 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		of injury .m. month da	AY YEAR	21c. HOW INJURY OCCURI	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAM	NER) P	м.	19					3/1
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
220.1 certify that (1) (this he saw the deceased alive	on I PEB	19	235	nd that in (my) (my) apinian	death accurred on the d		82, that	
above, (1) (well-did) (did 22h, SIGNATURE	nat view the bady	atter death.		DEGREE	100 N N N N N N N N N N N N N N N N N N		22c DATE SIG	ENED
INC M	My		un	ATTENDING PHYSICIAN	MEDICAL STA		904	quet 8
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS	J DWELLOW CT LUISI	-1014 LJ	1 / -5	0
J. DIXON	, 4,115			3501 ST.	PAUL ST	F. Pul	LTIMER	ph do
BURIAL, CREMATION, REMOV			IAME OF C	EMETERY OR CREMATORY	123d. LOCATION	1 171,	J W 1 1 2 W 1 1 1	- 19
(SPECIFY)					BALTIMOR	0	COUNTY A	MINE
BURIAL FUNERAL DIRECTOR	AUG.12	1787 L	JKKAL	NE PARK CEM.	DALITHUN 1 1 C DA B FREIGHARAR		S COLLAND	water.
ONERAL DIRECTOR				/30. D	BARS INDINKERSHINGK	TADA KERIPIKA	AKJSIGNATURE	

ADDRESS

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

DHWH - 16 50M 1/81 (VRA 15, 4)

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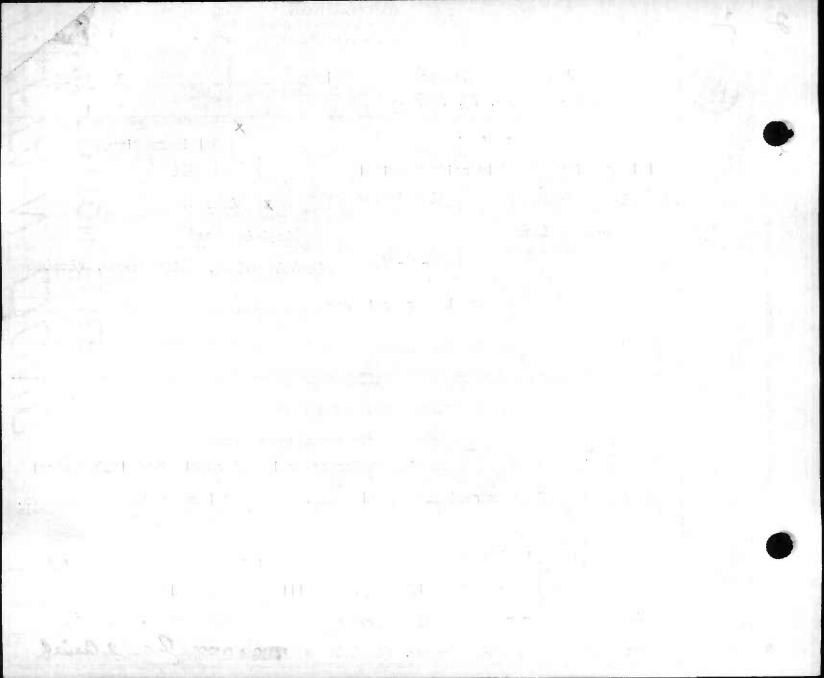
1			STATE OF MARYLAND		
1-	STATE		ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 84 84	0 2 8 5
	00.00	MIDDLE	TAI) EII	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
				Cocos	Sed 1982 1210
	MALE				IF UNDER 1 YEAR IF UNDER 24 HRS.
E	BALTIMORE	CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUNTY  OF CITY Balto	
L	ALTIMORE	MINERSITY C	TREET ADDRESS) HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Tile Layer	12b KIND OF BUSINESS OR INDUSTRY Swimming PoolCo
13a. S	AL RESIDENCE (IF NURSING HOME OR O				en 5 A v 2122
14 FA			15. MOTHER'S MAIDEN N	AME	
10.77	TS NO OR UNKNOWN! (IE YES GIVE	WAR OR DATES!	SECURITY NO. 17 INFORMANT		
N	PART I DEATH WAS CAUSED	CAUSE (a) Res	puntory Fail Batic failure Batic failure Ballure	and  and  minal disease OR CONDITION GIVE	APPOSEMATE (ATENAL)  BETWEEN ONIET AND DEATH  IN IN PART 1(1)
THEATH	19 DATE OF OFERATION	196. CONDITION FOR AN	ICH OPERATION WAS PERFORMED		WERE FINDINGS USED.
1000	I P EITHER, NOTET MEDICALEXAMINERS	12 (FM) 8	14 1972 alione	RRED LINES SATURE OF PATRET PATRENCES FOR	AT I DRXMT2)
MED	AT HOURY OCCURRED		22 S.B	altoSt Baltin	une Balto Mo
	sow the deceased alive on	8/14 betwe No		deoth occurred on the dote and hour	ond from the couses stoted
	Steve	w of the		MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED 8 14 82
	S. GEVAS	CM	276 ADDRESS 22 S. /2	saltimore St	Ballond
23a B	SPEC IFY)			IN LOCATION CIT OF TOWN	COUNTY STATE
	INERAL DIRECTOR		Polto Ma 21222 250 DA	Baltimore City TE REC'D. BY REGISTRAN 230 REGISTR AUG 1 9 1982	RAR'S GINDURE
	7a. 8l 3. SE) 30 Cl 14 FA	1. DECEASED NAME FIRST (TYPE OR PRINT)  3. SEX  70. BIRTHPLACE (STATE OR FOREIGN OF COUNTRY)  30. CITY OR TOWN OF DEATH  11. BALT MORE  130. STATE  131. COUNTRY  14. FATHER'S NAME  150. WAS DECEASED EVER IN U.S. ARM  15. NO OR UNKNOWN)  160. WAS DECEASED EVER IN U.S. ARM  15. NO OR UNKNOWN)  160. WAS DECEASED EVER IN U.S. ARM  15. NO OR UNKNOWN)  160. WAS DECEASED EVER IN U.S. ARM  160.	To BIRTHPLACE (STATE OR FOREIGN TO BIRTHPLACE (STATE STATE STA	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR KAYL F DATLEY ST  DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR KAYL F DATLEY ST  DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR KAYL F DATLEY ST  MODIL  DIAST  DATLE OF DERTH MONITH DATLEY  SR.  3. SEX  A R L  4. RACE  WHIT OF WHAT COUNTRY?  BULL S. A  WHOWED  DIVORCED  WIDOWED  NARRIED  DIVORCED  WIDOWED  DIVORCED  WIDOWED  NORCED  NARRIED  DIVORCED  WIDOWED  NORCED  NARRIED  DIVORCED  WIDOWED  NORCED	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME  (1987 OF PRINT)  A R R REG.  1. DATE OF BERTH  REG. NO.  1. DATE OF BERTH  REG.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	# U	
	1. DECE	EASED NAME	GOMER		A .	DANCS	AST /	2a. DATE OF D	EATH MONTH	16 82	1:05P M
	3. SEX			4 RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	
	1	Male		Cauc	asian	No	v. 21 1923	58	YR		MIN.
-		THPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH	
1		W.	Va.	U.S.	Α.	WIDOWE		BALTI	MORE CI	Ty	MD.
1	BAI	LTIMORE		UAMC LO	CH RAVEN	BLVD	BALTO, MD	Mach	CUPATION OR MOST OF WORKIN INIST	G LIFE) INDUSTRY	el Co.
5	Illu: ST	Md.	13h. COUN		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Baltime	N	134 INSIDE CITY LIMITS? YES NO 🎇	9731	Conman	r Rd.	
7	14 FAT	HER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE	U	AST
	1	James		W.	Dancy		Mabel	1	Ε	Buch	anan
2		AS DECEASED EN S, NO OR UNKNOWN! Ves	VER IN U.S. AR	MED FORCES?	232 44 1	125	Annie L	inville	(siste		ame dress
			immediate oting the suse lost.	(b) DUE TO, O	SEPSIS  R AS A CONSEQUE PNEUMONI  R AS A CONSEQUE LUNG CAN  DONTRIBUTING TO D	NCE OF CER	NOT RELATED TO THE TER	RMINAL DISEASE C	dr condition	GIVEN IN PART 1	10
7	CERTIFICATION	9a. DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		YES, WERE FIND RTIFYING CAUSE YES []	
7	MEDICAL CER	2]a. ACCIDENT WAS OR CONTRIBUTING ( (IF EITHER NOTIFY)	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCU	JRRED (ENTER NATUR	E OF INJURY IN ITEM	TB PART I OR PART 2)	
	_	WHILE ON AT WORK AT	URRED  WORK	(AT HOME STE	REET, FACTORY, OFFICE, FA		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	1			tol) oftended the August	c degegaca moni_	Augus 82	nd that in XX) (our) apinio	, to AUGU in death accurred a		hour and from the	that (we) last
		226. SIGNATURE	evir	Pou	last.	m	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	22c. DATE	SIGNED
			IN F	2 tth	Ast M.	D	3900 Loch			to. Md.	
7	23a. BU	IRIAL, CREMATIC	N. REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATI	ON	and the same of	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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Removal

3331 Brehms Lane, Balto Md. 21213

182

Dancy Cemetery Coal City,

W. Va.

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL AUG 2 0 1982

FOR

- STATE

CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 2a. DATE OF DEATH MONTH YEAR 2b. HOUR LIVEE OF PRINTS IF UNDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF HIJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE dZ, that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 24. FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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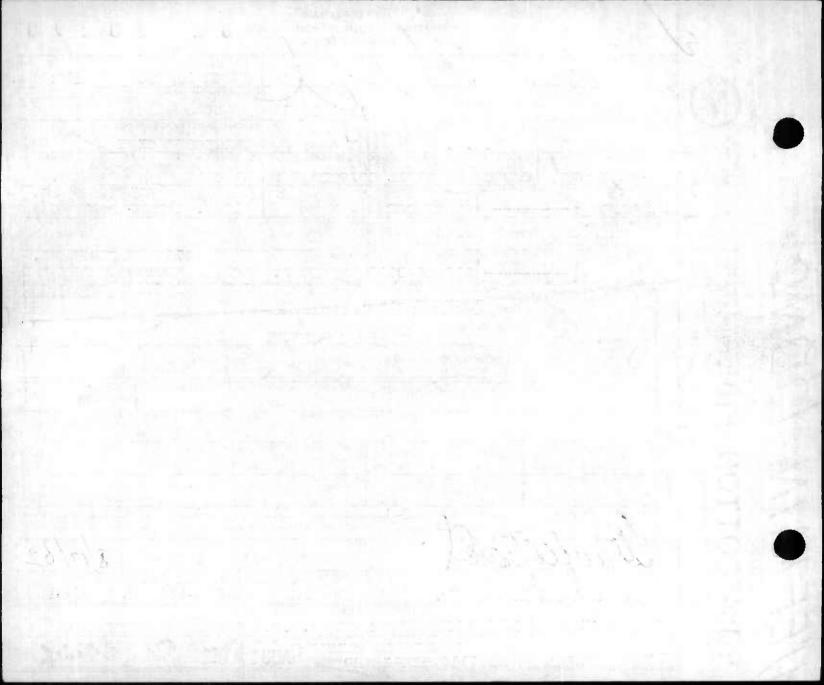
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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DHMH - 16 50M 1/81 (VRA 15, 4)

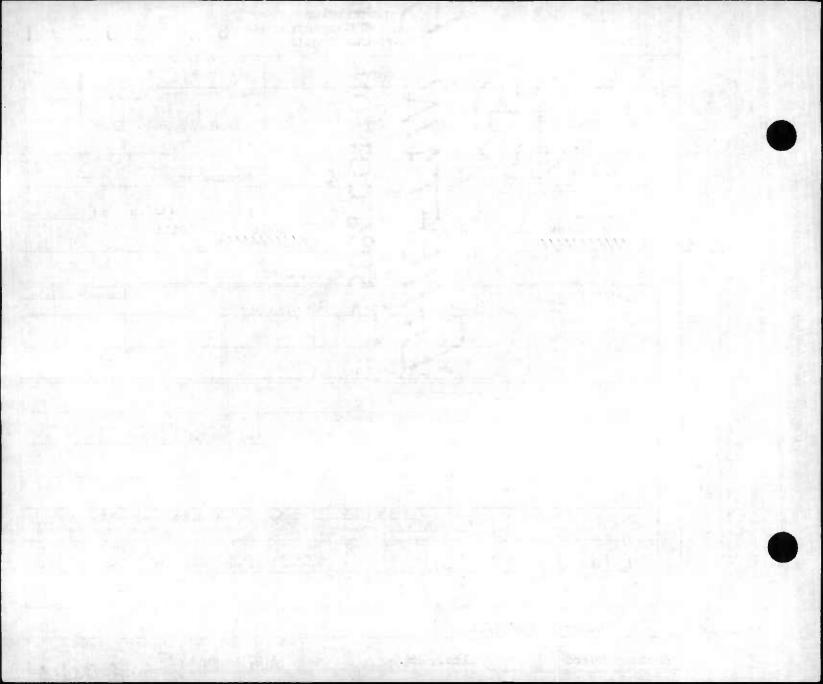
FOR STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2	2	0 2	9 0
1 DECEASED NAME FIRST	WIDDLE	U	ST		MONTH DA	LY YEAR	2b HOUR
ANDRE	EW J	DA	NIEL	AUGUST 17	, 1982		10:30
	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
MALE	WHITE	MONTH	11/1/1901	80	YRS	ONTHS DAYS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY	r? 8	□ NEVER MARRIED □	9 BALTIMORE CITY O		OF DEATH	
MARYLAND	U.S.A.	WIDOWE		BALTIMOF	E CIT	Y	N
M CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME O		120 USUAL OCCUPATI			F BUSINESS O
BALTIMORE	CHURCH HOSPI		ORPORATION	LABORER	F WORKING LIFE)	CAN	CO.
SUAL RESIDENCE (IF NURSING HOME OR IT			13d INSIDE CITY LIMITS?	13e STREET ADDRESS	BAI	TIMOF	RE MD.
MARYLAND	BALTIM		YES X NO		AKEWO	OD AV	ENUE
4 FATHER'S NAME FIRST THOMAS	DANTEL	,	15. MOTHER'S MAIDEN NO FIRST	MIDDLE		LAS	ST.
160 WAS DECEASED EVER IN U.S. ARA		CURITY NO.	17 INFORMANT	ADDR	102 BU	RRIDG	E RD.
(YES NO OR UNKNOWN) (IF YES, GIVE	215 03	3772	ALFRED A.	DANIEL BA	LTIMO	RE MA	RYLAN
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	UENCE OF OCARDIA	AL INFARCTION	l .			
PART 2. OTHER SIGNIFICANT C	onditions <u>Contributing</u> to	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART 10	D
190. DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
00.000.000.000.00	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCUP	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PAR	RT 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEAT  (IF EITHER NOTIFY MEDICAL EXAMINER)  7.1d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	FARM ETC )	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (1) (this hospital the deceased slive on poople, (1) jivel (did) (did not 77./ \$100.45 (UP)		82 , on	, 19_82 d that in (my) (aur) opinion EGREE	MEDICAL STAF	F _	and from the	that (I) (we) lacauses stated
22d. PHYSICIAN'S NAME TO THE			22e ADDRESS CHU	RCH HOSPITAL	CORPO		21221

IMPAGLIATELLI WALKER MU. 100 NORTH BRUADWAY BALTIMURE, MD 21231 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION
CITY OR TOWN
BALTIMORE 23b. DATE (SPECIFY) MARYLAND STATE BURIAL 8/21/1982 HOLY CROSS P.N.C. MARYLAN 30 DATE REC'D. B 24 FUNERAL DIRECTOR BALTIMORE NAME FUNERAL HOMES 7110 BELAIR RD



S. SEX		1 -	FOR STATE REGISTRAR		T OF HEALTH AND MENTAL HYGERTIFICATE OF DEATH	REG. NO.	20291
The BRITHPIACE ISSUED FORMAN DE COUNTY OF DEATH  THE SERIPPIACE ISSUED FORMAN DE COUNT	y be		OP BRIDE	<b>1</b>	LAST	0 / 100	130AY
MARE OF HOSPITAL NURSING HOME TO TOWN OF BEATH    CITY OF TOWN OF DEATH   IT AMARE OF HOSPITAL NURSING HOME OR OTHER INSTITUTION   178 LUSAN COLUPATION   178 LU	998 4 mo		Female	White	MONTH DAY YEAR	84 YRS	MONTHS DAYS HOURS MIN.
BALTIMES IN AMERICAN CONTRIBUTION ON WHICH OPERATION WAS PERFORMED    STATE   CAUSE OF DEATH WAS CAUSED BY R. IN U.S. ARMED FORCES?   Its SOCIAL SECURITY NO.   Its WAS DECEASED FOR IN WHICH OPERATION   If WAS DECEASED FOR IN WAS DECEASED FOR IN WHICH OPERATION   If WAS DECEASED FOR IN	merol merol	1	Md.	V.S · W	IDOWED DIVORCED	Bate City	MD.
18   STATE   18   COUNTY   1	by the filed with the control of the		Baltimore	UNIVOF MC	H'cspital	(TYPE OF WORK FOR MOST OF WORKING	
The proposed of the property o	filled wild b	13a. S	Md Bal	t Balt	13d. INSIDE CITY LIMITS?	1844 Wilfel	m St.
TELENO GRUSSHOOWN   19 YES, ONE WAS ORD ATES   2 15 LO - 3 M C h 2 v   1	omplete omplete		UMALYXELLAN		UMA	WYYN	LAST
MMEDIATE CAUSE (a) CAPPENDIA TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  DUE TO, OR AS A CONSEQUENCE OF  LOUND TO, OR AS A CONSEQU	be exection and ers. Pages		YES, NO OR UNKNOWN) (IF YES, GIVE	215-10-0	3F1 Chzvt	ADDIKESS	100000000000000000000000000000000000000
Defention of the deceased of the deceased from the deceased from the deceased of the deceased of the deceased from the deceased of the deceased from the deceased of the decease	ng proportion of proportion of the proportion of			CAUSE (0) Caralopuir	ichary respira	hon	BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 10 mg and the part 1 of t	the di		gove rise to immediate couse (a), stating the	1 Preuma	nla	On the second	7 3
OR CONTRIBUTING CAUSE OF BEATH ONE CONTRIBUTING COUNTY  STATE  ONE COUNTY  ONE COUNTY  STATE  ONE COUNTY  ONE COUNTY  STATE  ONE COUNTY  ONE COUNTY	gned en pled burrol ry, or	Z		( (c) EMPN)	Jema	minal disease or condition G	IVEN IN PART 110
OR CONTRIBUTING CAUSE OF BEATH ONE CONTRIBUTING COUNTY  STATE  ONE COUNTY  ONE COUNTY  STATE  ONE COUNTY  ONE COUNTY  STATE  ONE COUNTY  ONE COUNTY	ne low renon.  no.  hos been permit. I ene prior	TIFICATION	19a date of operation	19b. CONDITION FOR WHICH OPI	ERATION WAS PERFORMED	IN CERT	TIFYING CAUSES OF DEATH?
WHILE NOT WHILE AT WORK AND WHILE AT WORK AND WHILE AT WORK AT WORK AND WHILE AND WHILE AT WORK AND WHILE AT WORK AND WHILE AT WORK AND WHILE AND WHIL	ECTA 9 ph 9 ph iol-tr infol		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
Sow the decessed clive on obove, (I) (we) (did) (did not) view the body after deoth.  Sow the decessed clive on obove, (I) (we) (did) (did not) view the body after deoth.  Sow the decessed clive on obove, (I) (we) (did) (did not) view the body after deoth.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR	1 6 5 7	MED	WHILE IT NOT WHILE IT		ETC ) STREET		
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X  REMOVAL 23b DATE  270. PHYSICIAN DIRECTOR PHYSICIAN X  REMOVAL 23b DATE  270. PHYSICIAN DIRECTOR PHYSICIAN X  270. PHYSICIAN DIRECTOR PHYSIC	ATTEND ospitol o ospitol o ECTOR: 4 ed for use if. of Heol m 21 is m		sow the deceosed olive on_ obove, (1) (we) (did) (did not)	8/19 10 83	, and that in (my) (our) opinion		our and from the couses stated
BP Caudat 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE  PHMH-16 50M 1/81  124 FUNERAL DIRECTOR  NAME  ADDRESS	, 4 , 4 , 4		Claudia	Pollet	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/20/82
BP	HOS ined FUN wild b	22 0	Claudia	to all	12256	reene Stre	est
DHMH-10-SUM I/BI NAME ADDRESS A	2	(	Removal			CITY OR TOWN	
1 AUG D 1 1987 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			NAME	Balto., Md.		UG 3 1 1982 2	NIKAK S SIGNATURE

STATE OF MARYLAND



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21	AIL	Ul	MA	KIL	AND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

63

	1 -	STATE REGISTRAR		V2. A. (1)	CERTIF	ICATE OF DEATH		REG. NO	).	0 2	" da
		CEASED NAME FIRST OR PRINT) A L BE	RT	H	Di	ÎVIE -	SR	26. DATE OF DEATH	8 18	DAY YEAR	26 HOUR 4 50 A
	3. SEX	M	4 RACE		5. DATE C			AGE (IN YEARS LAST BIRT	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5		OUNTRY)  TY OR TOWN OF DEATH	US	A	WIDOWE	D NEVER MARRIED  DIVORCED  DR OTHER INSTITUTION		BALTO.  120 USUAL OCCUPATION	CIT	-4	MD.
C		BALTO AL RESIDENCE OF NURS	GARDE	W VILL A	ADDRESS)	V.H. BELA		(TYPE OF WORK FOR MOST OF			TEFL
1	130 S	TATE  MD  THER'S NAME	ALTO	13c CITY OR TOWN		13d. INSIDE CITY LIMIT YES NO DE NO		13e. STREET ADDRESS 2320 1	1ART	IN DI	P
		HENRY J	MIDDLE DI	AVIE		MARTI	40	MIDDLE	RSEN	nan	17
1	( )	(IF YES, GIV	MED FORCES?	Z13 07	97211	KATHER	INE	DAVIE	SS	ABC	VE
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OI  (b)  DUE TO, OI  (c)	RAS A CONSEQUE	NCE OF	Obstru	L	we Ling	Disou	70	
	ATION	PART 2. OTHER SIGNIFICANT (	ia, a	myth	Mica	NOT RELATED TO THE	TERMIN	Tale with	1 has	MIPLE S. WERE FINDIN	519
1	CERTIFICATION				OFERATIO			YES NO	IN CERTIF	FYING CAUSES	
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)	P./	m. month da m.	Y YEAR		CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, P	PART I OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	21f. LOCATION STREET		CITY OR TO	NN	COUNTY	STATE
		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) Dwe) (did) (did no	July	30 19	87 . or		inion de	eoth occurred on the do	ite and hou	or and from the	
		22b. SIGNATURE Liward	NB	ind	)		NG AN	MEDICAL STAF		8 DATE	SIGNED 8/8Z
		22d PHYSICIAN'S NAME (TYPE OF		NO		9618		BELAII	R 1	PD.	

23c. NAME OF CEMETERY OR CREMATORY

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If them 21 is marked or them 18 shows

24 FUNERAL DIRECTOR J. G. CONNELLY

23a. BURIAL, CREMATION, REMOVAL

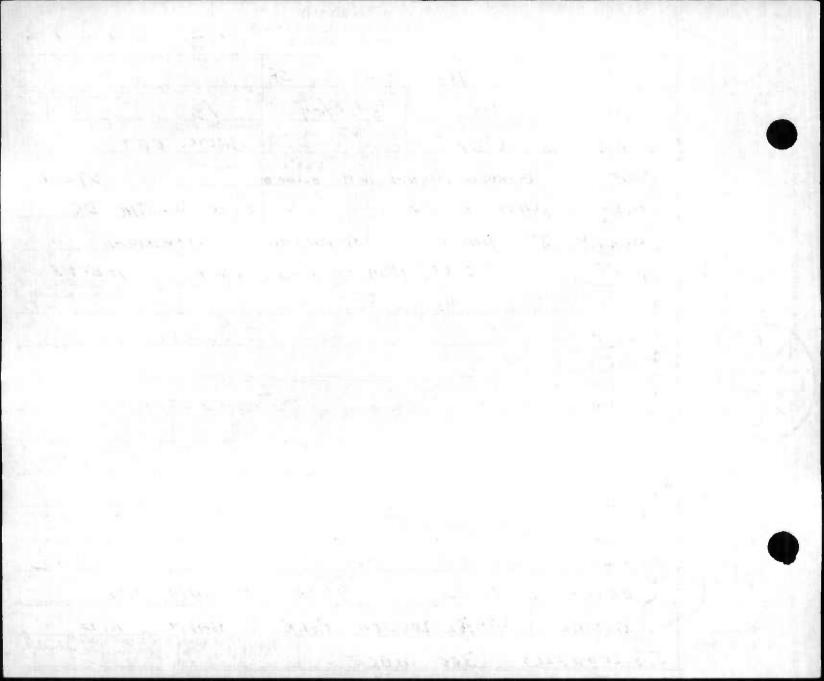
FOR

23b. DAJE

300 MACE 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT

23d LOCATION
CITY OF TOWN
BAL

COUNTY



## FOR

mirector, page 3

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	2	0	2	9	
	REG. NO.				-	

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	20293
	1. DECEASED NAME (TYPE OF PRINT) FRANCIS (TRA	MIDDLE .	DAVIN	20 DATE OF DEATH MONT	21 EZ S40
,	3. SEX	4. RACE W	5 DATE OF BIRTH MONTH DAY YEAR 10 28	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
3	PENNA.	U.S.A.	RY? 8.  MARRIED NEVER MARRIED  WIDOWED DIVORCED	BALTIMORE CITY OR CO	1
1	BALTIMORE	11. NAME OF HOSPITAL, NUR UE NOT IN SUCH FACILITY, GIVE STI BALT INONE			12b. KIND OF BUSINESS OR
1	NEW DERSEY	OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 13°C CITY OR TO	OWN 113d INSIDE CITY LIMIT		
1	A FATHER'S NAME FIRST DANIEL	V 11 -	IS MOTHER'S MAIDEN	MIDDLE	HEILMAN
3	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166. SOCIAL SI GIVE WAR OPDATES) 178-22		BRITHER) ADDRESS AVIN MANUA	HESTER, PA.
7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF	QUENCE OF INFARCTION -	200 AUTOPSY? 20b IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
7		DEATH INER)  P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFI	THE STREET  THE ST		COUNTY STATE  . 19 . the (1) (we) lost d hour and from the causes stated
	22d PHYSICIAN'S NAME (TY A).	PE OR PRINT)	DEGREE  ATTENDIN PHYSICIA  220 ADDRESS BALT	DIRECTOR PHYSICIAN	S/21/62
	230 BURIAL, CREMATION, REMOV (SPECIFY) BURIAL 24 FUNERAL DIRECTOR F. A.	AL 23b. DATE 23 8/25/82	HOLY SAVIOUR CE	RY 23d LOCATION CITY OF TOWN  MANCHES TO	
		FUNERAL SERV	CE BENSONAD	AUG 2 3 1982	GISTRÁR'S SIGNATURE

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pewilt the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

Maria Santa 4.1 81. 01 1 ATTENDED TO STATE OF THE STATE The content of the last was a second of the See But capte Man It is the sounded the Authority Constant Contract Contract THE PERSONNEL NOW POWER DESCRIPTION TO THE PARTY OF The man 190 years - - - - - - Suits - extrem - records - - -See the second of the A Martin Horizoniana Cam allangerated and the SATISTICS PLEASE OF THE REPORT OF THE PROPERTY OF THE PR

BP. DHMH - 17

(VR A15 ME (5)) 20M 4/82

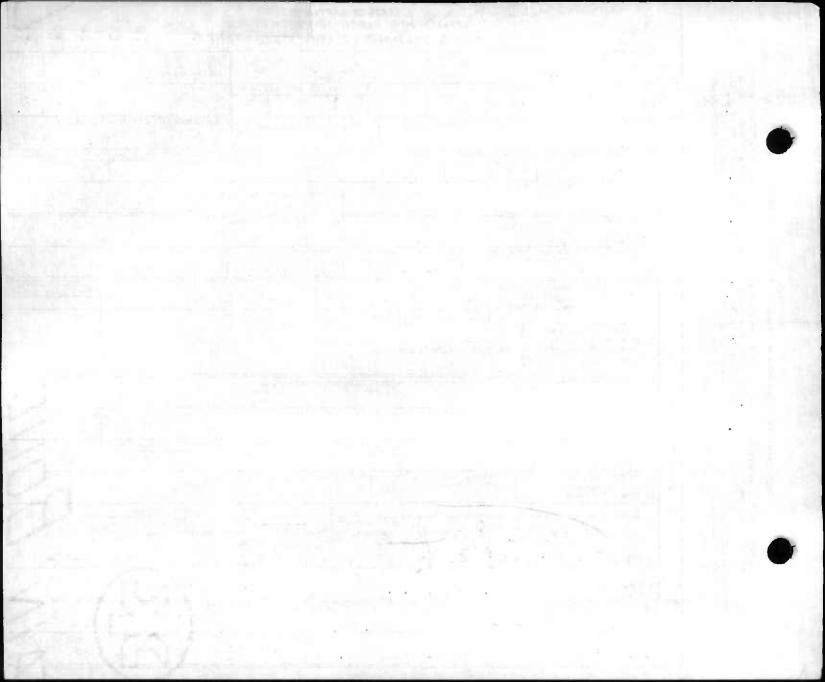
-		FOR STATE		D	EPARTA	STAT		ARYLAND M		YGIEN	り つ		2	0	5 0	A
	- 1	REGISTRAR		MED		XAMIN	ER'S C		CATEO	F DE	47H -	REG.		U	lin 1	
- 1		CEASED NAME E OR PRINT)	FIRST		WIDDLE			LAST			2a. DATE I	ESII-	X MON	NTH D	AY YEAR	26. HOUR
			Dorot		Мае			Davis			DEATH	MATED	3		5 1982	٨
	FE FE	MALE	A. RACE BLACK	DATE OF BIRTH	YEAR 20	6. AGE (IN YE) LAST BIRTHDA	MONT	DER 1 YR,	HOURS HOURS	24 HRS.	2c. DATE PRONOUN DEAD	CED	NOM B		5 1 <sub>9</sub> 82	24, HOUF 4:32 P. M
냂		RTHPLACE (ST	ATE OR	76. CITIZEN OF WHA	AT COUNT	TRY?	MARR	IED NE	VER MARRI	ED 🗌	9. BALTIM		_			
5	VI	RGINIA		us			WIDOW		DIVORC	/ \/ \		ltimo				MD
0		Baltime	ore	11. NAME OF HOSP (IF NOT IN SUCH FACE	arlem	REET ADDRESS)  A Venu	ie	ier institu	TION		WAL OCCUP MOST OF WORK		TYPE OF WO	DRK 12b.	OR INDUS	
5	13a. S1		13b. COUNT	ROTHER INSTITUTION, GIVE Y	13c. CITY	BEFORE ADMISSION TOWN		13d INSIDE O	ITY LIMITS?		REET ADDRES	ss ARLEM	AVE	ENUE		
20	4 FA	THER'S NAME FELTON		WIDDLE	HAR	RIS		15. MOTH MA	ER'S MAIDE FIRST	NAM	E	DDLE			RRELL	
7	16a. W	VAS DECEASED	EVER IN U.S. ARA	NED FORCES?	16b. SOC	IAL SECURITY	NO.	17. INFOR				ADDRE	SS	, , , , ,		
	<u> </u>	NO			228-	22-305	56	JOA	N BLA	KE	23	305 G	SARRE	TT	AVENU	E
	No	gave ris couse (o) lying cau		(b)	S A CON!	SEOUENCE (	)F	E OR CONDITIO	IN GIVEN IN PAI	RT 1 to						
7	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDITI	ON FOR V	VHICH OPER	ATION W	'AS PERFOR	MED?	-				2	@ AUTOPS	Y?
4	IFIC														YES 🗌	NO X
3	MEDICAL CER	UNDERLYING CONTRIBUTION	NG CAUSE OF D		MONTH		211 LO	CATION	OCCURRE	D (ENTER	CITY OR TOW		18 PART 1 C	COUNTY		STATE
	2	AT WORK	NOT WHILE C	3	, r anm, E1						CITT ON TOW			COUNTY		JIAIE
		DANGE OF ST	y that I took thora	of the remains description of courses XX	ribed abov	off i	Autap	, Homi	SPECIFY)	Unde	Inquiry termined ma	nner		y opinio	8-16	<b>-</b> 82
2	1	EXAMINER'S (TYPE OR PRIN		omas D. Sı	mith,	M.D.	7.	ADDRESS_		111	Penn S		e†			
	(5	BURIAL	TION, REMOVAL 2	8-19-82		IAME OF CEA		R CREMAT		B	OCATION ALTIMO				RYLÁN	STATE
	24. FU	NERAL DIREC	TOR HTLLTPS	ADDRESS	21 N.	MONRO	F ST				Y REGISTRAL		ISTRAR	17	Lake	ich

AHR 23 1982

ADDRESS 721

N. MONROE ST.

PHILLIPS



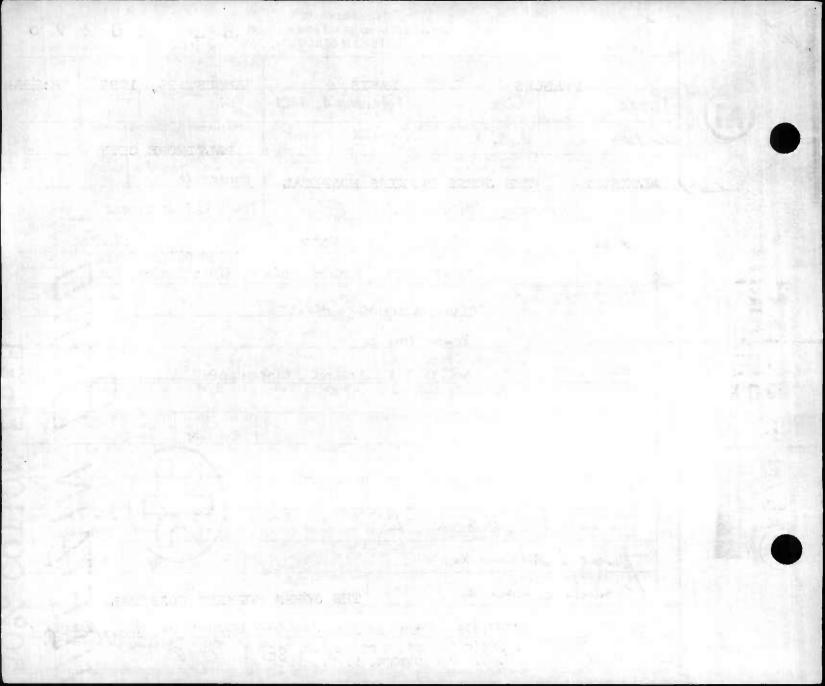
1	8	_	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	4 48 52 TO2 th	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death services be executed within 24 hours after death. Page 4 may be retained by the haspital as attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the Ottending physician and completely filled in by the furnity of the part of the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with n.T. Han after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
DIVISION OF		TO HOSPITAL OR ATTENDING PHYSICIAN: The lo etained by the haspital or attending physicion.	O FUNERAL DIRECTOR: After this certicol bould be detached for use os the burial-with the State Dept. of Health and Menta

STATE OF MARYLAND			
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2	2
CERTIFICATE OF DEATH		REG. NO.	

1	FOR - STATE REGISTRAR			OF HEALTH AND MENTAL F RTIFICATE OF DEATH	HYGIENE 8 2	2	0 2	9	5
	ECEASED NAME FIRST		MIDDLE	LAST	24 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOL	JR
L	FPAN	CES		AVIS			982	08	: 25/
3. S	emale	White	Fe	bruary 4, 192	1 6. AGE (INYEARS LAST BIRTI		ONTHS DAYS	HOURS	MIN.
Ne.	BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF	n.	RRIED NEVER MARRIED		COUNTY			MD.
	ALTIMORE	(IF NOT IN SU	HOSPITAL, NURSING HOACH FACILITY, GIVE STREET ADDRESS	ME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUS EWISSE	NC	126 KIND C	F BUSIN	
Mo		or other institution inty	13c CITY OR TOWN Silver Spri	13d. INSIDE CITY LIMITS	? 13 STREET ADDRESS	ds Str	eet		
14 F	ATHER'S NAME Bernard	WIDDLE	Armel	15. MOTHER'S MAIDEN Yetta	MIDDLE		Sindle	r	
w.	WAS DECEASED EVER IN U.S. A. (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECURITY N 098-12-0437		is Silver Sp			and	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause pe ED BY.	r line for (a), (b), and (c).				APPROXI BETWEEN		PEATH
	1539 IMMEDIA	TE CAUSE (a)	OR AS A CONSEQUENCE C			-			
NO	PART 2. OTHER SIGNIFICANT CONDITION		PENAL FALL  ONTRIBUTING TO DEATH	Colonic &	HOLING MA	DITION GIVE	N IN PART 10	o l	
CERTIFICATION	19a Date of Operation	196 COND	ITION FOR WHICH OPERA	ATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, IN CERTIFY! YES	WERE FINDING CAUSES	OF DEA	TH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	M. MONTH DAY YE	EAR 19	URRED (ENTER NATURE OF INJURY	Y IN ITEM 18 PAR	T I OR PART 2)		
MEDICAL	ZId INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC	ZII LOCATION STREET	CITY OR TOW	VN	COUNTY	5	STATE
	220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n		0	August 19 8	2 , to 29 Action death accurred an the dot	te and haur o	and from the	that (1) (	we) lost
	27h SIGNATURE	Waller_	- kun	DEGREE ATTENDING PHYSICIAN		F IAN A	220. DATE	SIGNED 9 (8)	2
	STANFORD L	. WAUC	ER	THE JOHNS	S HOPKINS HO	OSPTT	AT.	F	
23a.	BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME C	OF CEMETERY OR CREMATOR			COUNTY		TATE
	Burial	8/30/1	982 Mount	Lebanon Cemet	ery Adelphi.	Pr. Ge		rule	Ind
23	uneral director Donald 32 Carroll Street	d M. Ste et, N. U	in Hebrew Me Vashingto	emorial F.H. 250.	SEP 1 BY 1987 RARIE	Special R	A PHOISING	ORC	

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 stores ony injury, or other troumotic event, the



DHMH - 17

(VR A15 ME (5)) 20M 4/82

FOR - STATE REGISTRAR . DECEASED NAME (TYPE OR PRINT)

BIRTHPLACE (STATE OR FOREIGN COUNTRY PENNSYLVANIA 0 CITY OR TOWN OF DEATH

PENNSYLVANIA 14. FATHER'S NAME FIRST FRANK

3. SEX MALE

13a. STATE

CERTIFICATION

MEDICAL

24 FUNERAL DIRECTOR

FRANK

COUNTY

IMMEDIATE

RAY

WHITE

Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR

160 WAS DECEASED EVER IN U.S. ARME (YES, NO, OR UNKNOWN) NO

18 CAUSE OF DEATH (Enter only

PART I DEATH WAS CAUSED I

Canditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last

19a. DATE OF OPERATION

	STATE OF MEPARTMENT OF HEALTH	AND MENTAL HY	254	2 0	2 9	6
DATE OF BIRTH MONTH DAY	SAMUEL DA year 6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH	AVIS  JDER 1 YR. IF UNDER 24  HS DAYS FOURS A	PRONOUNCED DEAD	8 MONTH 8	17 19 8 DAY YEAR	11:40
St. Agne	MARRI WIDOW  PITAL, NURSING HOME, OR OTH  ILLITY, GIVE STREET ADDRESS)	ZED DIVORCED ER INSTITUTION 15	9 님	City PE OF WORK 12	b. KIND OF BUOK INDUST SOCIAL SECURIT	Y
MOND D FORCES?	DAVIS 166 SOCIAL SECURITY NO. 188-01-6645	15. MOTHER'S MAIDEN FIRST BERTHA 17. INFORMANT MAGE DAVIS	NAME MIDDLE ADDRESS	R S LAFL	ROZELLE IN, PA	
CAUSE (o) Ar  DUE TO, OR A	far (o), (b), and (c).)  **Teriosclerotic** AS A CONSEQUENCE OF	cardiovascu	lar disease		APPROXIMAT BETWEEN ONSE	
	UT NOT RELATED TO THE TERMINAL DISEASE		1 (a)		20 AUTOPSY	? No [X]

PART 2 OTHER SIGNIFICANT CONDITIONS CO

21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN NOT WHILE

AT WORK AT WORK Inspection X 220. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted from Natural causes X Homicide Suicide Undetermined manner

TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE

EXAMINER'S NAME Ann M.Dixon. ADDRESS 111 Penn St., Balto., Md. 21201 M.D. (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL/BURIAL 08-21-82

PITTSTON CEMETERY

23d. LOCATION PITTSTOWN LUZERNE

PA.

8-18-82

STATE

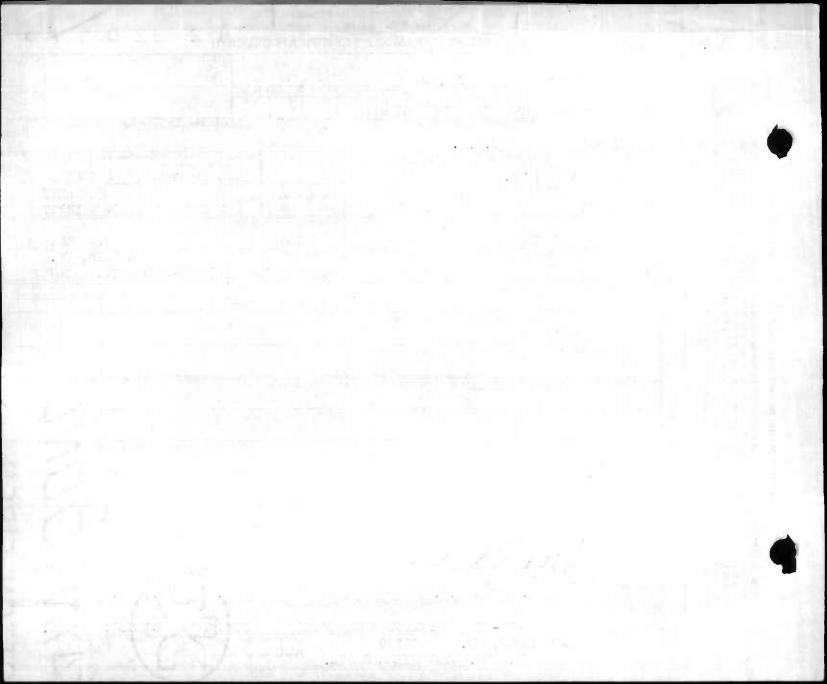
STATE

COUNTY

DATE SIGNED.

COUNTY

BALTIMORE ...MD. 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. AUG 2 0



1		1	FOR STATE REGISTRAR			NT OF HE	EALTH AND MENTAL HYG CATE OF DEATH	0 2	2 5. NO.	0 2	9
	43 g	[ TYP	CEASED NAME FIRST	D widdre	DAVIS			20. DATE OF DEAT	-82		7:45 7:45
		_	Female	White b CITIZEN OF WHAT		DATE OF	- 2 - 98	85	YRS	UNDER I YEAR	IF UNDER 24 HI
	funeral funera	r	COUNTRY)  Noryland  ITY OR TOWN OF DEATH	USA	, w	VIDOWED	DIVORCED DIVORCED	BOLTI	more,	city	F BUSINESS (
21201	d in by the be filed w	Usu	AL RESIDENCE (IF NURSING HOLE OR O		SIDENCE BEFORE ADD	OSP MISSION)	JATI	HOMEM!	AKER	INDUSTRY	
MARYLAND	etely filled	R	BALTO.Md BONATHER'S NAME FIRST		LAST		13d INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NA/			Paek	
LTIMORE, MA	ond completed on completed on completed on complete on			ED FORCES? 166 S WAR OR DATES)	OCIAL SECURIT	0. 1	Rachel 17 INFORMANT 6124 Mrs. Ruth M.	(CAU)	Park !		
ST., BALTI	strificate be g physicion on popers. I ewent, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: FAD		1.1			# 6.		MATE INTERVAL ONSET AND DEAT
201 W. PRESTON	e ottendin move corb notion, or i troumotic		Conditions, if ony, which gove rise to immediate				TERIOR MYDC	ARDIAL 1	NFARCTION	9	DAYS
201 W. I	es that the ned by the please re urial, cren		couse (a), stating the underlying couse last	DUE TO, OR AS A					ONDITION GIVE	10	DAYS
RECORDS,	low requir	CERTIFICATION	190. DATE OF OPERATION				I WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
DIVISION OF VITAL RECORDS,	SICIAN: The ng physicion certificate ho urial-tronsit p tentol Hygien Item 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJU HOUR A.M. A		YE AR	21c. HOW INJURY OCCURR	YES NO			но 🗍
IVISION	those physical strategies of the buring the control of the buring the control of	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJ			21f LOCATION STREET	CITY C	DR TOWN	COUNTY	STATE
	ATTENDIN ospital or CTOR: Af d for use d for use t, of Healt m 21 is ma		229 1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)		19		that in (my) (our) opinion o	, to death occurred on th	e date and hour o		that (I) (we) i couses stated
	the har DIRE		226. SIGNATURE Phili	pMdam			MD ATTENDING	MEDICAL S	STAFF	22¢ DATE	SIGNED 2-8-Z

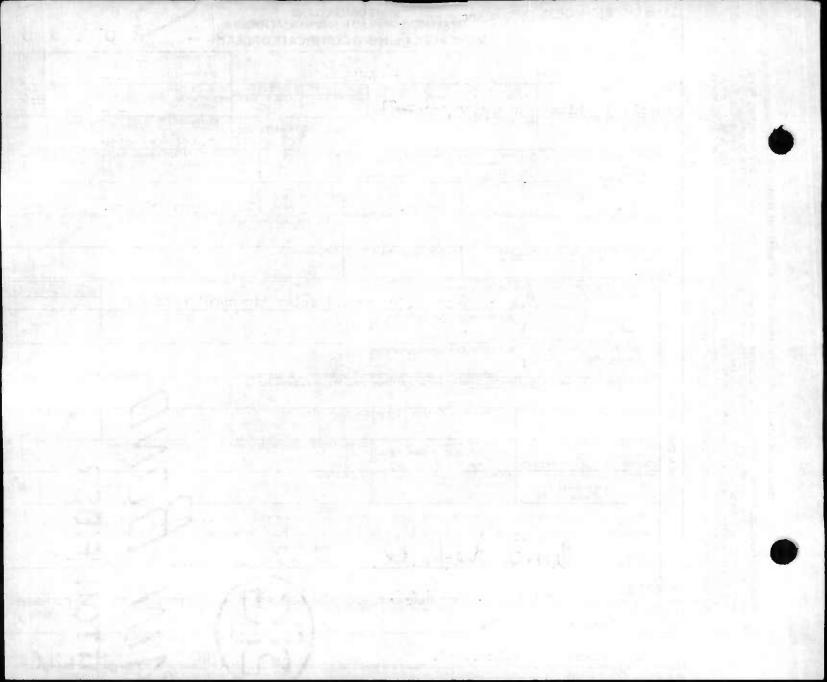
should be del with the Stote ST. AGNES M LAM HOSPITAL, BALTIMORE, MD 23a. BURIAL, CREMATION, REMOVAL CITY OR TOWN Balto. Md. Burial G. Truman Schwab, P.A. DHMH - 16 50M 1/81 (VRA 15, 4)

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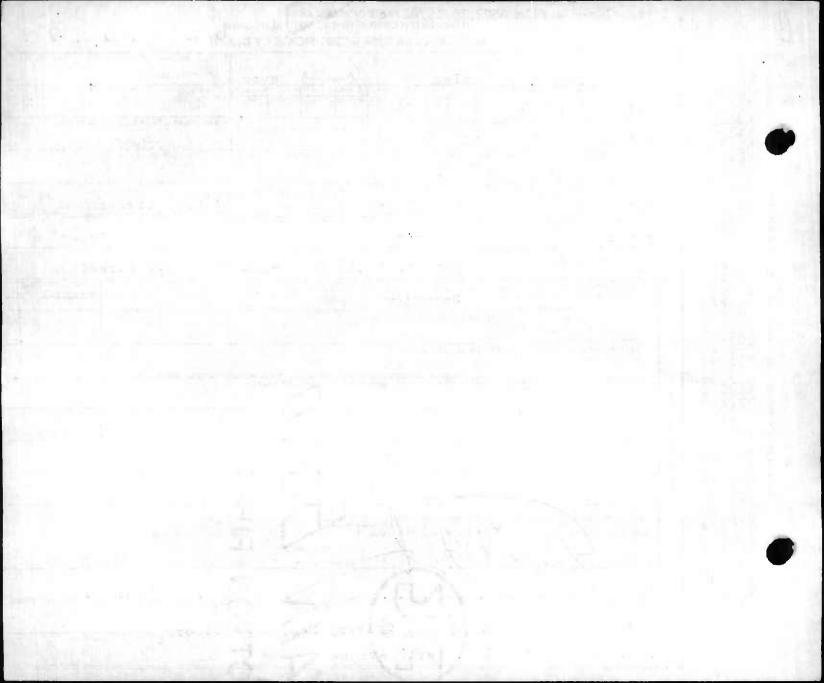
126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Control of the first of the fir TO Start transfer ASER 699 CP BORN BORN BUTTON AND HOLLEY 196 TOTAL THE VIEW OF THE STREET DIATE OF THE STATE AND A STREET WATER WATER AND A NEW YORK OF THE PARTY OF T Smilet Committee States and Committee Committe F. From Schweb, L. A. Liel Balto. III



	Items #18a-22a 1	Film G572 10/19/ DEPARTA	82 STATE OF MA	ARYLAND AND MENTAL HYGIEN	IE) /) /	-
	= STATE REGISTRAR	MEDICAL E	XAMINER'S CE	RTIFICATE OF DE	REG. NO.	0 2 9 9
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAS	51	20. DATE KNOWN A	MONTH DAY YEAR 26, HOUR
ELEBS AG	Sharor			own) Davis	DEATH MATED	8 4 19 82 A
1 2000	3. SEX 4. RACE	MONTH DAY YEAR	AGE (IN YEARS IF UNDE	ER I YR. IF UNDER 24 HRS.  DAYS HOURS MIN	PRONOUNCED	3.15
1 1925	Female Black	3 6 60	2.2 YRS.	77.77	9. BALTIMORE CITY OR	8 4 1982 N
出業を雇っく	FOREIGN COUNTRY) Maryland	USA	MARRIED	NEVER MARRIED XX		
SH # 85	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME, OR OTHER	INSTITUTION 120. US	Baltin WAL OCCUPATION (TYPE O	F WORK 126. KIND OF BUSINESS
ALE SERVICE SE	Baltimore	Johns Hopkins	Hospital	FOR	MOST OF WORKING LIFE)	OR INDUSTRY
S AN DE	USUAL RESIDENCE (IF IN NURSING HOME 130, STATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE B	FORE ADMISSION)	Id. INSIDE CITY LIMITS? 13e. STR	FET ADDRESS	
S S S S S S S S S S S S S S S S S S S	Maryland	Bal	timore	YES NO D 25	seet ADDRESS 56 Boyd St	reet
T., BALTIMORE, MO DURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, WITH FORM PM 3 III. PAGES 1 AND 2 DIVISION OF VIEW	14. FATHER'S NAME  Grover	MIDDLE D. a	vis	S. MOTHER'S MAIDEN NAMI FIRST Ida	WIDDLE	Brown
AOR A DE	160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCI		. INFORMANT	ADDRESS	DIOWIL
ALTIA AFTEI AH FO AGES ISION	(YES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	-78-9981	Ida Brown	2546 Boyd	Street
W. PRESTON S WITHIN 24 HG ENCIL IN ITEM MINER ALONG MINER ALONG WINER WITHIN PERW WITHIN WITHIN PERW WITHIN	PART I DEATH WAS CAUS	DUE TO, OR AS A CONS	equence of			APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL RECORDS, 2011 SHOULD BE EXECUTED ORD "PENDING" IN PI CHIEF MEDICAL EXA CHIEF MEDICAL EXA TOF HEALTH AND ME UNIAL, CREMATION, O	PART 2 OTHER SIGNIFICANT CONDITION  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING  CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION   WHILE  NOT WHILE	S CONTRIBUTING TO DEATH BUT NOT RELATI	OTO THE TERMINAL DISEASE OF			20 AUTOPSY?  YES XX NO □
OF V  ATE S  THE CHOBE  WENT  TO BU	210. EXTERNAL CAUSE WAS UNDERLYING OR	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW	V INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PA	
VISION OF THE CONTROL	CONTRIBUTING CAUSE OF	DEATH P.M.	19			
DIVIS HIS CER WRITIN WRITIN WRITIN AGE 3 S AGE 12 1201 PR	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, ETC	(AT HOME, 211 LOCA STREE		CITY OR TOWN	COUNTY STATE
AL EXAMINER: THE CERTIFICATE, HOULD BE FORW RAL DIRECTOR: PATH, WITH THE ST. RE, MARYLAND, 2	228. I certify that I took cho	rol couses Acadent	Suicide .	Inspection       Hamicide     Under     TITLE (SPECIFY)   Paputy Chiefmen	termined manner,	DATE 8/5/82
UTE 1 UTE 1 UNE R DE	EXAMINER'S NAME	Thomas D. Cuitt	M D	111 000	C+ D-14	o MD
PAGE AFTER AFTER		Thomas D. Smith	M.D. AD		St. Balt	o., MD.
BP	230.BURIAL, CREMATION, REMOVAL [SPECIFY]  BURIAL	010100		CITY	ORTOWN	COUNTY STATE
2004 DHMH - 17/66	24. FUNERAL DIRECTOR		c. Calvar	y Cem Ba	REGISTRAR 756. REGIST	RAR'S SIGNATURE
(VR A15 ME (5))	Wm. C. March	F/H1101 E. No	rth Avenue	e AUG O	5 1982 Jac	m & Carried



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Hi	FOR - STATE	DEPARTMENT O	ATE OF MAKTLAND F HEALTH AND MENTAL HYG TFICATE OF DEATH	IENE 8 2 2	0 3 0 0
	REGISTRAR ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST DEATH	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3, SI	Samue		AVIS E OF BIRTH	August 6. AGE (IN YEARS LAST BIRTHDAY)	14, 1982 1:44P M
1	MAK	Co/ N 3	-19- 1898	84 YRS.	MONTHS DAYS HOURS MIN.
O Ku	19500 JAMAICA	U.S.H. WIDO	NEVER MARRIED DIVORCED	Baltimore City  Baltimore City	
100	Baltimore	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Maryland General		120 USHAL OCCUPATION (TYPE SE WORKED R MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
5	STATE 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TY 134. CITY OR TOWN		13e STREET ADDRESS	em Aue.
1	ATHER STIAME	ADA LAST	15 MOTHER'S MAIDEN NAM	WE	LAST LAST
	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO WAR OR DATES! 215-04-930	mr. Therdore	Howard 241	o Harken Ace.
	DADT I DEATH WAYAC CALICED	y one cause per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	486 MMEDIATE	CAUSE (o) Respiratory			
1	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF			
	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF			
z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	in al disease or condition G	IVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1	AR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (A (this hospitol saw the deceased alive an above, M (we) (did) (A (A))		, 17	to August 14	19 82 , tho X(X (we) lost
	22b. SIGNATURI	gview the body offer debth.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
7	Cheryl Pow	· · ·	22e ADDRESS	General Hospit	2)
23a.		8-19-82 MANEO		BE LOCATION CONTROL	COUNTY Endin
24 F	UNERAL DIRECTOR	2155 2222 /11 A	1 Ath Are Al	REC'D. BY REGISTRAR 25b. REGISTRAR 2	STRAR'S SIGNATURE

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ertificate has been signed by the af-transit permit. Then please rem

STATE OF MARYLAND DEPARTMENT OF BEALTH AND MENTAL BYCIENE

1.	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL I	HYGIENE	8 Z REG. NO	2	0 3	0	1
] TYPI		eamot	)	AIDDLE	Day	USON			8 d	982	26. HOU	AM
3. SE	*Male	4. R	Blac	K	S. DATE O		7	(IN YEARS LAST BIR	YRS.	UNDER I YEAR	HOURS	MIN.
N	IRTHPLACE (STATE ORF COUNTRY)  COLOLIN  ITY OR TOWN OF DEA	a	u	SA	MARRIEL WIDOWE	, ==		MORE CITY O	ore Ci	TIZE KIND O	E BLICINIE	MD.
B	Saltimore	MD	I IF NOT STOR	hal Ho	SPI+2	3		WORK FOR MOST O			BUSINE	55 OK
n	Maryland	Balt		GIVE RESIDENCE BEFORE 130. CITY OR TOWN		13d. INSIDE CITY LIMITS	21	EET ADDRESS	dsor G	Siarden	Lan	e
14. F/	ATHER'S NAME	MIDE	LE	LAST		15. MOTHER'S MAIDEN Hatti	NAME	MIDDLE	de	Gas	AT i	S
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WA		237-12	RITY NO. L-7683	Tyrene	Day	ADDRE USON	350 .	NGL	uyn	n
	18 CAUSE OF DEATH PART I. DEATH W 4310 Conditions, if any, gove rise to imm couse    a , stofin underlying couse	AS CAUSED B' IMMEDIATE C  which lediate	AUSE (a) DUE TO, OR	AS A CONSEQUE	nce of nsion	hemorrhag	e			BETWEEN S	L /0	2_
NOI	PART 2. OTHER SIGN	IFICANT CON	DITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE T	ERMINAL DIS	SEASE OR CONI	DITION GIVEN	IN PART 110		
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR V		TION FOR WHICH	HICH OPERATION WAS PERFORMED					LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO		H?	
2.2 25 21 1	216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH		M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	CURRED (ENT	ER NATURE OF INJUI	RY IN ITEM 18 PAR	I I OR PART 2)		
MEDI	HILE NOT WH							CITY OR TOWN		COUNTY STATE		
(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN  COUNTY  22a. I certify that (I) (this haspital) oftended the deceased fram sow the deceased alive an least of the deceased alive and least on the decease												
	Delou	ah )	. We	ud, T	n. D.	DEGREE ATTENDING PHYSICIAN	G MEDIO	CAL STAF		8/2	9/8	2
	22d. PHYSICIAN'S NAME (ITYPE OR MINT). Ward			ard		Sinai	Has	pital	of E	Saltin	none	-

DHMH - 16 50M 4/82 (VRA 15, 4)

should be deteched for use with the State Dept. of Neo MPORTANT. If them 21 is

230. BURIAL, CREMATION, REMOVAL
(SPECIFY)
24. FUNERAL DIRECTOR
NAME

236. DATE

411018 No

23. NAME OF CEMETERY OR CREMATORY
CEDAL HILL CE

LATORY 23d. LOCATION COUNTY

CEN BOLLINGS

25d. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

in ofter death

			PIAIS	UF MAKYLAND					
7.	FOR - STATE	DEPARTM	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 3 0						
0.5	REGISTRAR		CEKITA	ICATE OF DEATH		3. NO.		-	
	CEASED NAME FIRST	WIDDLE	7	DALL	20. DATE OF DEAT	A-A	DAY YEAR	26 HOUR	
	Louist	H.		א אכ		y	16 82	4 A	
. SE	X	RACE	5 DATE O		6. AGE TIN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	# UNDER 24 H	
	temale	Black	5	11 18	64	YRS.			
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	m o	USA	WIDOWE	D DIVORCED		imore	C:4	5	
-	0	<ol> <li>NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A</li> </ol>		`	120 USUAL OCCU			F BUSINESS	
	Saltimore		AION	mas. Cente	R				
	AL RESIDENCE (IF NURSING HOME OR O			138 INSIDE CITY LIMITS?	13e. STREET ADDR	ESS			
	mo		hore	YES NO	7618		mans	23.	
4. F.	ATHER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NA	ME				
	Creoree	Dan		Mark	MICA	, C	804	1+5	
	VAS DECEASED EVER IN U.S. ARM		ITY NO.	17. INFORMANT	A	DDRESS			
(	YES NO OR UNKNOWN) (IF YES, GIVE	217-22-7	498	Maria Day	7618	Harr	nans	81.	
_	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and		10.0				MATE INTERVAL ONSET AND DE	
	PART I. DEATH WAS CAUSED BY						DE WEEN	1114	
	239 MMEDIATE CAUSE (O) ASPIVALLEN PREYMONIA						-	-	
	DUE TO, OR AS A CONSEQUE			ana Luis	4010		V	DALS	
	Conditions, if any, which gave rise to immediate	(b)	ul oc	ing feel	a a v		1	-(1/2	
	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying cause lost.								
	(c)								
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	IA DAYE OF COERATION	The complete section							
CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH (	DPERATION	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN FYING CAUSES		
RTIE					YES NO	7	ES 🗍	№ □	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE O	JURY IN ITEM 18	PART   OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
ED .	21d INJURY OCCURRED	21e. PLACE OF INJURY	-	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATI	
ξ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE, FA	RM, ETC )	STREET	Cit	OKTOWN	200111	31816	
	22a I certify that the (this haspital) attended the decoased from 7/16 19 1 to 19 that the (we								
	sow the deceased alive on 8 6 19 hand that in law-inury againing death accurred on the date and haur and from the course states								
	obove_(IV(we) (did) (did move view the body ofter death.  27b. SIGN 100 DEGREE						22c. DATE	SIGNED /	
	ATTENDING MEDICAL STAFF						0/	0/21	
	PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN 22d ADDRESS						18/	1001	
	THE ADDRESS								
23a E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CE	METERY OR CREMATORY	73d LOCATION				

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR march F/

Burial

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Ab. REGISTRAD'S ST. NATURE

STATE G M

8/10/82 Saints Rest Cen Balto.

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FID HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complicitly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 1 and 2 though be filed setting the prior ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

7	1 -	FOR STATE REGISTRAR SAR	AH C. DI		MENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	2	0 3
		CEASED NAME FI	RST	MIDDLE	D	) can	20. DATE OF DEATH	8 / 9	/82 2b
3.	SEX	9 FEMAL	E CAUC	W	5. DATE (		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER I YEAR IF
OF STREET		RTHPLACE (STATE OR FORE)	ON 76 CITIZEN C	OF WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED DED TO DIVORCED	9 BALTIMORE CITY O BALTIMOR	R COUNTY OF	
111		LTIMORE		FHOSPITAL, NURSI		SPITAL	HOUSEWIF		7b. KIND OF BI
i M	SUA A	LE RESIDENCE (IF NURSING P	O ROTHER INSTITUTI	. I 13, CITY OP TO		13d. INSIDE CITY LIAUTS? YES NO	"6"Z" SEVE	RN AVE	•
130	. FA	GEORGE	WASHING	TON MAR	TIN	LYDIA	ANN <sup>OLE</sup>		Lam
Dipare 16	0 W	AS DECEASED EVER IN LES NOR UNKNOWN) (IF	J.S. ARMED FORCES YES, GIVE WAR OR DATES			17 INFORMANT EVELYN DRA	SAL 612 S		AVE.
T O		Canditions, if any, wh							
s ony injury, or other	ICALION	underlying couse li	the DUE TO, (c).  CANT CONDITIONS		JENCE OF	NOT RELATED TO THE TERM	METASTATIC  ANAL DISEASE OR CONI  200 AUTOPSY?	DITION GIVEN II	
18 shaws ony injury	~	cause (o), stating underlying couse In PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	The DUE TO, ost (c).  CANT CONDITIONS  19b. CON  19c. CON  19b. CON  19c. CO	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	20b. IF YES, WE IN CERTIFYING	ERE FINDINGS G CAUSES OF
18 shaws ony injury	3	cause (o), stating underlying couse In PART 2 OTHER SIGNIFIC	the OUE TO, ost (c).  CANT CONDITIONS  19b. CON  ING 19b. CON  ING 19b. TIME  E OF DEATH HOUR  XAMINER)  71e PLAC  (AT HOME	CONTRIBUTING TO  NDITION FOR WHICH  E OF INJURY A.M. MONTH [ P.M.  CE OF INJURY STREET, FACTORY, OFFICE.	DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  IN WAS PERFORMED  21c. HOW INJURY OCCURI  21f. LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WE IN CERTIFYING YES TO	ERE FINDINGS G CAUSES OF ORPART 2)
NT: If them 21 is marked or them 18 shows ony injury	MEDICAL	PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE ALT WORK AT WORK 27a. Certify that (1) (this sow the deceased on obove. (1) (we) (did)  27b. SIGNATURE	DUE TO, (c) (c) (C) (EANT CONDITIONS  ING	CONTRIBUTING TO  NDITION FOR WHICH  E OF INJURY A.M. MONTH E P.M.  STREET, FACTORY, OFFICE, The deceosed from.	DEATH BUT H OPERATIO  DAY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURI  21f. LOCATION STREET  And that in my (our) opinion of the physician of the p	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO:  Z, ta 3/9  deoth occurred an the do	20b. IF YES, WE IN CERTIFYING YES TY IN ITEM 18 PART I	ERE FINDINGS G CAUSES OF ORPART 2)
WRORTANT: If them 21 is marked or them 18 shows ony injury	MEDICAL	PART 2 OTHER SIGNIFIC  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS LIFETHER, NOTIFF MEDICALE WHILE NOT WHILE AT WORK NOT WHILE SOW the deceased on obove, (1) (we) (did)	The DUE TO, ost (c).  CANT CONDITIONS  ING 19b. CON  ING 21b. TIME HOUR  XAMINER)  21e PLAC  (AT HOME  s haspital) attended live on did not) view the Bo  Avana  (TYPE OR PRINT)	CONTRIBUTING TO  NOTION FOR WHICH  E OF INJURY  A.M. MONTH E  P.M.  CE OF INJURY  STREET, FACTORY, OFFICE,  I the deceosed from,  add offer deoth.  A.M.  M. J. M.  N.	DEATH BUT H OPERATIO  DAY YEAR 19 .FARM.ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURI  21f. LOCATION STREET  19  10  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO:  Z, ta 3/9  deoth occurred an the do	20b. IF YES, WE IN CERTIFYING YES TY IN ITEM 18 PART I	COUNTY  ERE FINDINGS G CAUSES OF ORPART 2) COUNTY  SEE , that

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Jegund West States

		FOR
1	-	STATE
		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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030

- 1		REGISTRAR			CENTIN	ICAIL OI DE	AIII	REG. NO.		
1		CEASED NAME FIRST	M	IDDLE	l	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		Rose				Lbridge		08/01/82		1:30P
.1	3. SE	X	4. RACE		5 DATE C	OF BIRTH	WE A D	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
		Female	Blac	k	8 8	2^7	ĭ°å	65 YRS	MONTHS	HOURS MIN.
A	7a. BI	IRTHPLACE (STATE OR FOREIGN	Th CITIZEN OF V	VHAT COUNTRY?	8 AA A PRIE	D NEVER MA	APPIED T	9 BALTIMORE CITY OR COUNT	OF DEATH	
	N	. Carolina	US		WIDOWE	VV DIVO	ORCED [	Baltimore Ci	tv	MD
d	10. CI	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	HOME C	OR OTHER INSTIT	UTION	120 USUAL OCCUPATION		F BUSINESS OR
2		Baltimore		n Hopki	ns	Hospit	al		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN aryland		Baltime  Baltime		13d. INSIDE CITY	Y LIMITS?	1300 E. Lanv	ale Ap	t. 812
0	14. F.A	ATHER'S NAME FIRST	AIDDLE	LAST		15. MOTHER'S A			LAS	
П		WAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECUR	ITY NO.	17. INFORMAN	T	ADDRESS		
3	(1	YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	218-76-3	3538	Evely	n Bro	wn 608 E. Bid	dle St	reet
1		18 CAUSE OF DEATH (Enter onl	y one cause per l	ine for (o), (b), and	(C)				APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED	E CAUSE (0)	CARPIAC	P	ARREST			SECO	
		D389 DUE TO, OR AS A CONSEQUENCE OF							HOURS	
ı		Canditions, if any, which gove rise to immediate couse (a), stoting the underlying couse last.	DUE TO, OR	AS A CONSEQUEN	ICE OF					044
		DADY O GYUER CICALIFICATION	(c)		212					
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CO</u>	ntributing to de	ATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 10	0
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH C	PERATIO	N WAS PERFORM	AED	IN CERTIF	S, WERE FINDIN FYING CAUSES IS []	
1	CER	21a. ACCIDENT WAS UNDERLYING	216 TIME OF	INJURY	YEAR	21c. HOW INJU	JRY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2}	
	CAL	OR CONTRIBUTING CAUSE OF DEA'  (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M		19		1			
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE O	F INJURY ET FACTORY OFFICE FAR	RM, ETC )	21f LOCATION STREET	I	CITY OR TOWN	COUNTY	STATE
	18	AT WORK AT WORK			- 1-		21.2			
1		22a.1 certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not	8/1 /	330 19 %	7/3/	nd that in (my) (a	ur) apinion (	deoth accurred an the dote and hau		that (I) (we) last causes stated
1		226 SIGNATURE	10/	wer dedin.		DEGREE ATT	ENDING	MEDICAL STAFF	224 DATE	SIGNED
1		22d PHYSICIAN'S NAME (TYPE OF	DOING!				YSICIAN [	DIRECTOR PHYSICIAN	0/	1/10
			ARS5	M		118 ADDKESS				
1		BURIAL, CREMATION, REMOVAL	23b DATE		WE OF C	EMETERY OR CR	EMATORY	23d. LOCATION		
	(	BURIAL	8-7-8					ery Baltimore	COUNTY	Md.
Î	24 FL	JNERAL DIRECTOR	107-0	2   D	alti	more c		E REC'D. BY REGISTRARISH NEGIST	RAR'S SIGNAT	
1		NAME		ADDRESS					0	W.

 $\label{eq:march_formula} \text{Wm.} \overset{\text{\tiny NAME}}{C}. \ \text{March F/H 1101 E.} \overset{\text{\tiny ADDRESS}}{\text{\tiny North Avenue}}$ 

DHMH - 16 50M 1/B1 (VRA 15, 4) 1-51-0 Maria Artis and completely filled in by the

Then please remove carbon popers. Pages

should be detoched for use os the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

IMPORTANT: If Item 21 is morked or Item 18 show

STATE OF MARYLAND

JIAIL OF MARITAIN
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR		258	DEPARTA		EALTH AND MENTAL		ENE 8 2 REG. NO.		2 0	3 0
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH MON	TH DAY	YEAR	26. HOUR
		ANNA	M	ARGARET	I	DEMBINSKY		8	31	84	6-12
3. SE	X		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTHDA	) IF UN	DER I YEAR	IF UNDER 24 HRS
	FEMALE		WHI	TE	03	01 21		61	YRS.	DATS	HOURS MIN.
James .	IRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED		BALTIMORE CITY OR CO	DUNTY OF I	DEATH	1
	MARYLAND		U.S	.A.	WIDOWE		1	balt,	LOYE	C	And MD.
10 €	ITY OR TOWN OF DE	EATH		HOSPITAL, NURSIN		OTHER INSTITUTION		12a USUAL OCCUPATION		2b. KIND OF	BUSINISS OR
'	Sattim	ore				ENERAL HOSE	- 1	CLERK	KKING CIFE) [II	4DOSTRI	
13a. S	AL RESIDENCE (IF NU STATE MARYLAND	RSING HOME OR		BALT IMOR	N	13d. INSIDE CITY LIMI		13e STREET ADDRESS 2346 SIQNES	AVEN	UE, 2	1230
IL EX	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDE		WIDDLE		LAST	
/	JOSEPH			KLAUS		ANGE	LINA	•	T	ROMBE	RO
	WAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRESS			229
	NO			212-12-	-0700	CHARLES H	I. DI	EMBINSKY III	1040		HILL AV
	Conditions, if on gove rise to in couse (a), statunderlying couse	nmediote ing the	DUE TO, O	potral	re y	myrasl	di	Variables &	lion	e	
_	PART 2 OTHER SIG	GNIFICANT (	CONDITIONS CO	ONTRIBUTING TO [	DEATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE OR CONDITION	ON GIVEN IN	V PART 110	
10											
CERTIFICATION	190 DATE OF OPER	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED			LIF YES, WE CERTIFYING YES [		
	210. ACCIDENT WAS U	CAUSE OF DEA	3163	FINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY O	CCURRE	ED (ENTER NATURE OF INJURY IN	TEM 18 PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCU	RRED	21e. PLACE			21f LOCATION		CITY OR TOWN		COUNTY	STATE
Σ	WHILE NOT V	WHILE ORK	(AI HOME SII	REET, FACTORY, OFFICE, F.	ARM, ETC.)	/					STATE
	22s.1 certify that a	sed alive on	0	19	8/	nd that in (py) (our) op	8 Z	eoth occurred on the date of			hot M (we) lost ouses stoted
	17h SIGNATURE	O.	t) view the Vody	Deith, n		DEGREE ATTENDI	NG _	MEDICAL STAFF DIRECTOR PHYSICIAN		8/3	
	Jo PHISICIANS	Dage	PRINT	llec'il	10	22e ADDRESS	5 (	36 H	V .	-	/

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

DHMH - 16 50M 1/8I (VRA 15, 4)

REMATION, REMOVAL 23b. DATE ENTOMBMENT 09-04-82 23c NAME OF CEMETERY OR CREMATORY

GLEN HAVEN MAUSOLEUM GLEN BURNIE

21229

250 CATE REC'D. BY REGISTRAR IS NO

COUNTY

MARY LAND A.A

24 FUNERAL DIRECTOR 21229 ADDRESS 4107 WILKENS AVE HUBBARD FUNERAL HOME, INC.

SEP 3 1982

The state of the s A VINE AND GOVERNMENT OF THE PARTY OF THE PA The same of the sa  O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

## STATE OF MARYLAND

GIENE

FOR	DEPARTMENT OF HEALTH AND MENTAL HY
STATE	CERTIFICATE OF DEATH
REGISTRAR	CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE O	F DEATH	REG	NO.				
1. DECEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH	DAY	YE AR	2b. HOU	IR
(TYPE OR PRINT) MAGDAL	EN	DEMS	SKI		8	1	82	4.53	3 PM
3. SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UND	ER I YEAR	IF UNDER	24 HRS
FEMALE	WHITE	MONTH DAY	-01	911 years	YRS.	MONTHS	DAYS	HOURS	MIN.
M BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY HAND	16. CITIZEN OF WHAT COUNTRY?	MARRIED L NEVE	R MARRIED DIVORCED	BALLIMORE CITY		Y OF DE	ATH		WE
Battmores	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.		NSTITUTION	12a. USUAL OCCUP (TYPE OF WORK FOR MO	ST OF WORKING	LIFE) INC	KIND O DUSTRY	F BUSINE	SS OR
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE	NTY 134 SITY OF TOW	N 13d INSID	E CITY LIMITS?	13e. STREET ADDRES		1	1	1	

	OR PRINT)	Mode	A = 0.0 a		Zu. DAIL OF BLATT	A .		20. HOUR	
	MAGDALE	N	DEMSK			8	182	453	PM
3. SEX	4		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 2	
	FEMALE	WHITE	5 22	91	911) years	YRS.	NONINS DATS	HOURS	MIN.
		CITIZEN OF WHAT COUNTRY?	8.	DONE D	9. BALTIMORE CITY OF	COUNTY	OF DEATH		
M	RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR SUBJECT ADDRESS)  RESIDENCE (# PAUSONOCHONNI OR OTHER RISTITUTION OR OTHER RISTIT			MD.					
10. CIT	Batmare,			UTION	(TYPE OF WORK FOR MOST OF	WORKING LIF		F BUSINES	S OR
13a. S			13d INSIDE CIT	40 🗌	547 5.6	Below	ond	Ru.	
14. FA	THER'S NAME	DIE	15. MOTHER'S /	MAIDEN NAM	\E		LAS	т	
141	1d Rew	GO/CZY NISK	1 MAR			1)01	C/A5		
	ES, NO OR UNKNOWN) (IF YES, GIVE W		/ /	N Cre	Slat 50	75.	Belv	ozd	No.
	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEI		gre			Mon	The s	
NO	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED T	O THE TERMI	NAL DISEASE OR COND	ITION GIV	EN IN PART 1(	01	
ERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH (	OPERATION WAS PERFOR	MED		IN CERTIF	YING CAUSES		
EDICAL CEI		HOUR A.M. MONTH DA	Y YEAR 19		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)		
MED				1	CITY OR TOV	VN	COUNTY	STA	ATE
	22a. I certify that (1) (this hospital sow the deceased alive an above, (1) (we) (did) (did not) 22b.8TGNATURE	did hat 191	ond that in (my) (a	pur) opinion d	eoth occurred in the do	te and hou			1
	( ) h	IVV /		TENDING V	MEDICAL STAF	F	1	2/1	7

22d. PHYSICTAN'S NAME (TYPE OR PRINT) 22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

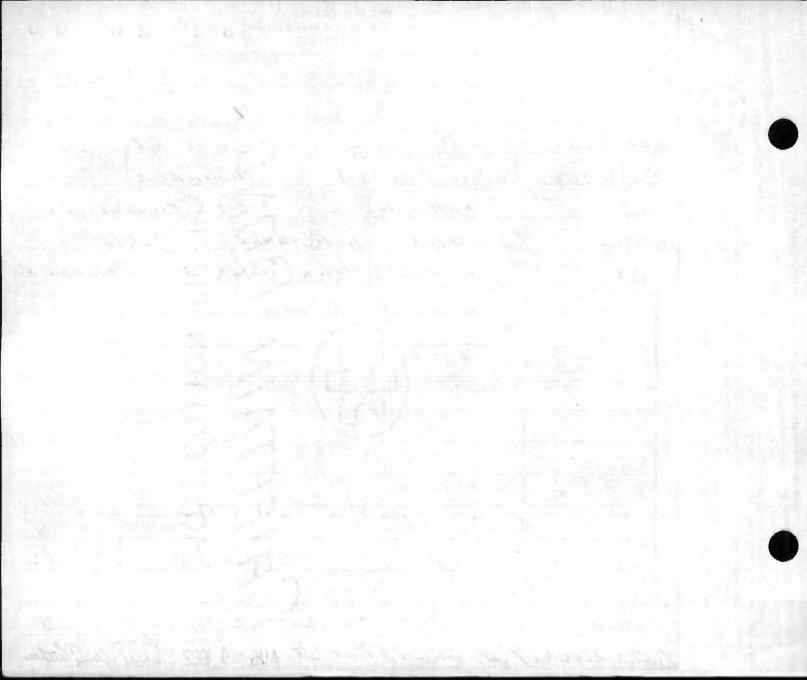
DHMH-16 30M 2/80 (VRA 15, 4)

retained by the hospital or attending physician

23b. DATE

REMOVAL

25a. DATE REC'D.



8	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND  IENT OF HEALTH AND MENTAL HYC  CERTIFICATE OF DEATH	GIENE 8 2	20307
	T. DECEASED NAME FIRST FRANK	L JOSEPH	DENVER	20 DATE OF DEATH MONTH	1 1982 420 M
	Male 1	White	S. DATE OF BIRTH  MONTH  ARCH 29 1907	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
5	Mary land	U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. CI	OF DEATH  7 / MD
0	Baltimore	T AGNES	GHOME OR OTHER INSTITUTION  ODRESS)  HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE  Salesman	126 KIND OF BUSINESS OR INDUSTRY  Printing
5	Maryland Balti		YES NO X	13e STREET ADDRESS 11 Whitecli:	ff Ct.
2	14 FATHER'S NAME FIRST MID	Denver	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
2	16a WAS DECEASED EVER IN U.S. ARME , (YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	5170Paul F. Der	nver 332 Grove	thorn Rd.212
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	A Decree and a seas	nome. Brimary L NCE OF Metastari	wknom with to the Liver.	APPROXIMATE HITERVAL BETWEEN ONSELAND DEATH
7	PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
1	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19 21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	
	21d NJURY OCCURRED  WHILE NOT WHILE AT MORE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

KAUSHALENDRAK-SINGH. Cremation

270 | certify that (1) (this haspital) attended the deceased from saw the deceased alive an + 20 pm 8 · 31. saw the deceased alive an 4.20 pm 8.31. abave, (1) (we) (did) (did nat) view the bady after death

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ST. AGNES HOSPITAL.

22c. DATE SIGNED

8.31.82

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

ry Baltimore, Maryland Sept.1, 82 Green Mount Cemetery

Johnson8521 Loch Raven Blvd.

SEP

BIS BIS CONTRACTOR TO THE STATE OF THE STATE the same and the s GENERAL SERVER AS O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page at may be

etoined by the hospital or ottending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

1		E OF MARYLAND			
FOR STATE REGISTRAR		FICATE OF DEATH	REG. NO		308
I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	The british of berining	AONTH DAY YEAR	20 110011
rerI	i nand L. Jes	in, UR,		8- 3- 82	0.001
3. SEX	MONT		6. AGE (IN YEARS LAST BIRTH	MONTHS DA	
7a BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	- 3-04	9. BALTIMORE CITY OR	YRS. COUNTY OF DEATH	1
Colorado	USA MARRIE	ED DIVORCED D	Baltimore		
10 CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSING HOME OF LUTHER ADDRESS!  Lutheran Hospital 0	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF None	WORKING LIFE) INDUST	D OF BUSINESS O
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY	13d Inside City Limits?	13e. STREET ADDRESS 2435 N. Ca	alvert St.	
Ferdinand Ch	arles Desch, Sr.	15. MOTHER'S MAIDEN NAM	ah Anne Broo	ks	LAST
160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	17 INFORMANT	ADDRES		
No	None	Mr. Samuel H.	Desch Gr	eenwich, (	Conn. ROXIMATE INTERVAL EEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT		IN AL DISEASE OR COND  200 AUTOPSY?  YES \( \text{VES} \)	206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
OR CONTRIBUTING TO CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART	2)
GIFEITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE  AT WORK  AT WORK	P.M. 19  ZI e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
sow the deceased plive on	ottol) ottended the decessed from 7	nd that in (my) (our) opinion c		22c. D/	, that (1) (we) be the couses stated ATE SIGNED
22d PHYSICIAN'S NAME (TYPE O	$\sim$	102 + 0.0 05555	MEDICAL STAFF	AN Z	
DR G.	SHAH.	730 ASAL	rus for St	BAUTIMERE	21216-
23g. BURIAL, CREMATION, REMOVAL Burial		athedral Cem.	23d LOCATION CITY OR TOWN Baltimo	me, Md.	STATE
24 FUNERAL DIRECTOR	LD HOME. INC. 6500 Y	York Rd.	G 9982	SECSTRAR'S LIGH	wheely

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rial er ann ril . elti ore

## STATE OF MARYLAND

/	Y.	STATE REGISTRAR	DEI		FICATE OF DEATH	REG. NO.	2 0	309		
		CEASED NAME FIRST	MIDDLE	Desc	Жy	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
	(1117)	AIDA	A bd	Rabo _DI	SOKEY	08/17/82		2:27m		
	3. SE	X	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR			
		Female	White	2-1	11-30 YEAR	52 YR		HOURS MIN.		
r		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	D MEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH			
/	Ca.	iro Egypt	Cairo Egypt	WIDOW		BALTIMORE (	CITY	MD.		
3		ALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE JOHNS HOPK	STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife		OF BUSINESS OR		
1	13a. S Ca.	ALRESIDENCE (IF NURSING HOME STATE 136 COUR ITO Egypt	OTHER INSTITUTION GIVE RESIDENCY  13(. CITY OF  Cair	RTOWN	136 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 41 El Hussien	St. Doke	ey,Egypt		
V	14. FA	Abd Abd	MIDDLE Rabo	ST	Monira FIRST	HIPPIE	ahim LA	ST		
ń		VAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDRÉSS				
9	- (	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		Ahmed Abdel R	Rehim Abdel Gawa				
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	lly one couse per line for (a), (b) BY:  E CAUSE (a)	y coma	APPROX 8ETWEEN	ONSET AND DEATH				
		Conditions, if ony, which	DUE TO, OR AS A CON	30						
		gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CON	SEQUENCE OF	- HOUT ]	Stist	40	DYNS		
	NOI	PART 2. OTHER SIGNIFICANT OF	MA AND R	G TO DEATH BUT	PAILLRE	MINAL DISEASE OR CONDITION	GIVEN IN PART 14	01		
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	ON WAS PERFORMED		YES, WERE FINDII RTIFYING CAUSES YES [			
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	33		
	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TOWN COUNTY STATE				
		27s.1 certify that    (this hospi saw the defeased after on above (1.14e) (did)(did no			, 17	death accurred on the date and		that (I) we lost		
		27h SIGNATURE		- W	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE	-17-82		
		224 PHYSIOJAN'S NAME ITTING	Olkaus		22e ADDRESS	HEPKIWS 1	TOSPITA			
	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) <b>BUrial</b>	23b. DATE 8-21-82	23c. NAME OF C	EMETERY OR CREMATORY  t Nasr	23d. LOCATION CUITY OF TOWN Cairo Egypt	COUNTY	STATE		

DHMH-16 30M 2/80 (VRA 15, 4)

PA FUNERAL DIRECTOR

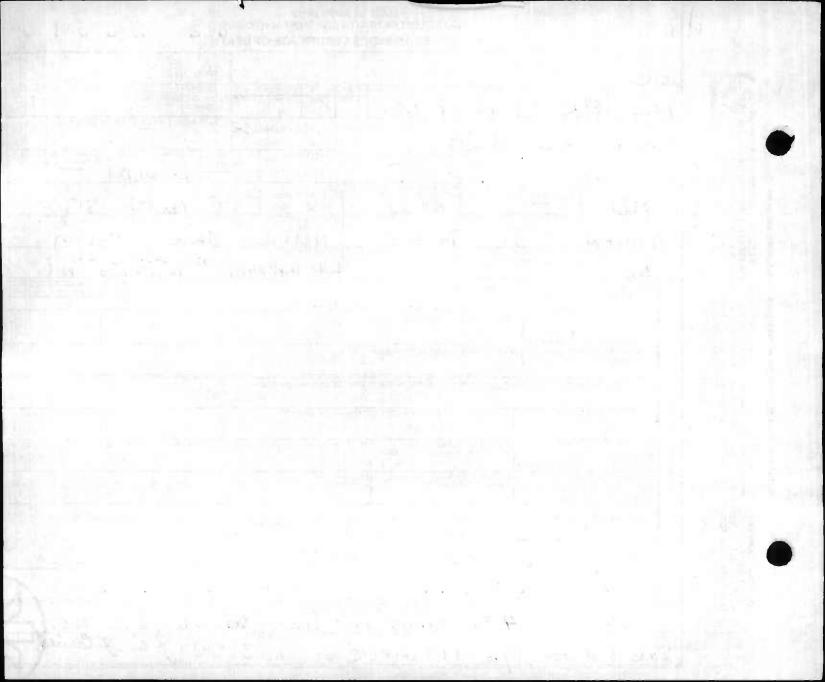
NAME

Leonard J. Ruck, Inc., 5305 Harford Rd. Md.

250. DATE REC'D. BY REGISTRAR 250. RESTRAR'S SIGNATURE AUG 1 8 1982 Sun & Coning

4/1-	FOR STATE	M	STATE DEPARTMENT OF I		ENTAL HYGIEN	Qu 4	2 0	3	0
	REGISTRAR ECEASED NAME YPE OR PRINT)	FIRST	WIDDIE	LAST		REG. 2a. DATE KNOWN OF ESTI-		DAY YEAR	26 HOUR
March - Chapter		ANDREW		DEVANE		DEATH MATED		30 1982	N
	A. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDA		IF UNDER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	14. HOUR
11	ILE BLK	5 1 14	114 68 YF			DEAD		30 1982	D M
7a.	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	HAT COUNTRY?	B. MARRIED   NE	VER MARRIED	9. BALTIMORE CIT	OR COUNTY	OF DEATH	
Z Cu	inborland to.	N.C. US	H	WIDOWED -	DIVORCED	Baltimor			MD
10 0	CITY OR TOWN OF DEATH		SPITAL, NURSING HOME ACHITY, GIVE STREET ADDRESS)	, OR OTHER INSTITUT		AL OCCUPATION (		OR INDUSTI	ISINESS RY
1	Baltimore	17 N.	Amity St.			REN	RED		
		OF HOME OR OTHER INSTITUTION, OF COUNTY	13c. CITY OR TOWN	13d. INSIDE CI		ET ADDRESS		0-	
1	MU		BAUTU.	YES 💢	NO 🗌	7 AM	TY	2.1.	'
24	FATHER'S NAME	WIDDLE	LAST	IS. MOTHE	R'S MAIDEN NAME	WIDDLE	51	LAST	
	DUNCAN	).	DEVANE	NO. IT. INFORM	live	JAME		ELVIN	
160.		YES, GIVE WAR OR DATES)	166 SOCIAL SECURIT		G.McNoill	GOIS VA	SKINS	es ,	
	NO			Lillie	6.M Neill	TAY	etteurlia		1
	18 CAUSE OF DEATH ( PART I DEATH WAS	Enter only one cause per lir CAUSED BY:	, , , , , , , , , , , , , , , , , , , ,					APPROXIMATE BETWEEN ONSE	T AND DEATH
		AMEDIATE CAUSE (0)	Congestive he		re				
IFICATION	Canditians, if any		R AS A CONSEQUENCE	OF					
	gove rise to im	mediate / (b)							
	lying cause lost.	e under- DUE TO, O	R AS A CONSEQUENCE (	OF					
	BART A OTHER CICARGISANT CO	(c)							
z		ONOITIONS CONTRIBUTING TO DEAT	BOL MOL KETATEO LO THE LEKW	INAL DISEASE OR CONDITION	N GIVEN IN PART I (a)				
CERTIFICATION	19a, DATE OF OPERATION	ON 196 CONE	ITION FOR WHICH OPER	ATION WAS PERFOR	MED?			20. AUTOPSY	2
7 5								YES 🗆	NO X
ERT	210. EXTERNAL CAUSE	WAS 216. TIME C	OF INJURY	21c. HOW INJURY	OCCURRED (ENTER )	NATURE OF INJURY IN ITEM	18 PART 1 OR PAR		NO DA
		USE OF DEATH P.	M. MONTH DAY YEAR	?					
MEDICAL	21d INJURY OCCURRED	2 le PLACE	OF INJURY (AT HOME,	211. LOCATION					
X	WHILE NOT WE	HILE STREET, FA	CTORY, FARM, ETC.)	STREET		CITY OR TOWN	COUR	YTY	STATE
	A WO				[\sqrt{1}]				
	22a. I certify that I to	ok charge of the remains d	escribed obove, held on	Autapsy	Inspection X,	Inquiry L.,	and in my api	nian	
	death resulted from:	Notural causes X.	Accident, Su	icide 🔲 , Homic		ermined manner	١.		
1	ACTUAL A	11120	-	TITLE (SI			DATE	0.70	20
230.	SIGNATURE	NOW/		M.D. ASS	sistant MED	ICAL EXAMINER	SIGNED	8-30-8	52
1	EXAMINER'S NAME	Ann M. Dixor	n. M.D.		111 Penn	St., Balt	o., Md.	. 21201	
236	BURIAL, CREMATION, REM			ADDRESSADDRESS		CATION ORTOWN 4 1			
	(SPECIFY) BURIAL	9/4/86		7- 0.	metery to	Cumbula	nd (b.	N.C.	TATE
24.	FUNERAL DIRECTOR				25a. DATE REC'D. BY	REGISTRAR 256 R	GISTRAR'S S		1
[.]	ATALO AT MUST	ton E/4	1701 LANG	ENS X	AUG31	1982	my	- Charles	75

20M 4/82



4	T.	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	20311
moy be		CEASED NAME FIRST ROBE		S DATE OF BIRTH	20 DATE OF DEATH MG	DNIH DAY YEAR 26 HOUR 4 STANDAY IF UNDER LYEAR IF UNDER 24 HRS.
4	L	MALE	WHITE	MONTH DAY YEAR 22 /3	69 6	YRS.
deathradeage		COUNTRY)	0519	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	MD.
to after o	1	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	EN HOSP	120 USUAL OCCUPATION	VORKING LIFE) 126 KIND OF BUSINESS OR MOUSING LIFE HOUSE TO THE MOUSING SOR
in 24 hau		TATE M ) 13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD INTY	O YES NO [	STREET ADDRESS	TER AVE
complete		THER'S NAME FIRST WILLIAM	MIDDLE LAST	3/15	WIDDLE	PORTER
n and Pages		(IF YES, GI	BYE MALE OR DAYES	17 NO. 17 INFORMANT 1	APT	
certificate b ng physicia bonpapers, remaval. c event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	inly ane cause per line far (a), (b), and (ED BY: ATE CAUSE (o)	anoxia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if ohy, which	DUE TO, OR AS A CONSEQUEN	For pre	umonia	
es that the death ned by the ottend please remove ca urial, cremation, a v, or ather troumot		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR BACONSEOUN	ogenie care	moma	The Land
equires signe Then p to but	NO NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	BUT NOT RELATED TO THE TERM	inal disease or condi	ION GIVEN IN PART 110
HYSICIAN: The law reding physician. Is certificate has been burial-transit permit. Mental Hygiene prior item 18 shaws any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OI	PERATION WAS PERFORMED	20a AUTOPSY?  YES № NO□	10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO
PHYSICIAN. 1 ending physic this certificate ne burial-trans of Mental Hyg d or Item 18 st		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DAY	YEAR 19	ED (ENTER NATURE OF INJURY I	VITEM 18 PART I OR PART 2}
DING PHYSIC or attending After this cer se as the buria igith and Ment marked or Iter	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN putal or TOR: Af- for use a of Health		220.1 certify that (1) (this hasp	on 19 0 19 0 19 0 19 0 19 0 19 0 19 0 19	2 and that in (my four) opinion of	e, ta	ond hour and from the couses stated
TAL OR A yy the hos RAL DIREC detoched tote Dept.		226. SIGNATURE	ST VIEW THE DOOK STIEF GEGIN.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22t. DATE SIGNED
HOSPI bined b buld be buld be buld be PORTAI		22d PHYSICIAN'S NAME (1)	21666	220 ADDRESS 30		VOUER STIBALTO
Show show	23a. E	URIAL, CREMATION, REMOVAI SPECEY) Burial		ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	ere. Maryland
DHMH - 16 50M 1/81 (VRA 15, 4)		NERAL DIRECTOR	nino, 263 S. Co	25e DATI		REGISTRAR'S SIGNATURE

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3. SEX

1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 2	• • •	0 3	12
	CEASED NAME	Herma		MIDDLE		etz	20. DATE OF DEATH August	30, 198	32	8:23a M
3. SE	Male		4. RACE White		5. DATRA	PPRTH14, 1904	6. AGE IN YEARS LAST		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF			440.4	WHAT COUNTRY?	MARRIED WEVER MARRIED		9. BALTIMORE CITY	9. BALTIMORE CITY OR COUNTY OF DEATH  Baltimore City		
	Baltimore	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET, and Gener		OSpital	12a USME OF ARE TYPE OF WORK FOR MOS UNIVERSITY	TON FOF WORKING LIFE	126. KIND O INDUSTRY B& (	F BUSINESS OR OR
	AL RESIDENCE (IF NUI STATE aryland	131 COUN		GIVE RESIDENCE BEFORE 134 CUY OR TOW BBaltimor		13d. INSIDE CITY LIMITS? YES <b>X</b> NO [	13. STREET ADDRESS	on Stre	et, Ba	21217 lto., Md.
	UNIXONONIA	HARRIS	MIDDLE	DIETZ		15. MOTHER'S MAIDEN NA	MINNA		GOĹ	DBERG
	(XXXXXXXX)		MED FORCES? E WAR OR DATES)	214-05-3		Medicedx Meco	andscallenant	mendexx	Balto.	xxxXxxxx yerx yxxey
	18 CAUSE OF DEA PART I. DEATH ' H DO Conditions, if on gove rise to in couse (a), stot underlying cous	WAS CAUSE IMMEDIAT y, which imediate ing the	D BY:  E CAUSE (a)  DUE TO, O  (b)	Acute Myo	cardi NCE OF eroti	233 E. REDWO al Infarction c Cardiovascu	OOD ST. #:	21202		MATE INTERVAL ONSET AND DEATH
TION	Adenocar	cinom	a of the	e Colon a	nd Se					
CERTIFICATION		90 DATE OF OPERATION 196 CONDITION			OPERATIO		200 AUTOPSY?  200. IF YES, WERE FIND IN CERTIFYING CAUSI YES XX		ING CAUSES	
MEDICAL CE	210. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER NOTIFY MEI	CAUSE OF DEA	P.	M, MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT 1 OR PART 2)	
MEDI	AT WORK AT W	ORK		REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR		COUNTY	STATE
	22a. I certify that (	) (this hospi	tal) ottended th	e deceased from _	Aug	gust 15 = 82	, 10_August	30	9.82.	that <b>X</b> (we) last

160 NAS DECEASED EVER IN U.S. ARMED FORCES HE YES, GIVE WAR OR DATES 8 CAUSE OF DEATH (Enter only one couse s PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO, Conditions, if ony, which (b). gove rise to immediate couse (a), stoting the DUE TO. underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS Adenocarcinoma of t 198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. TIME HOUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLAC AT HOME WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended saw the deceased olive on August 30 above, (A (we) (did) (dix XX view the body after death \_19\_\_\_\_\_\_, and that in 💥 (our) opinian death occurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL 8/30/82 DIRECTOR PHYSICIAN PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Richard Lane, M.D. c/o Maryland General Hospital

should be detached I with the State Dept. o DHMH - 16 50M 4/82 (VRA 15, 4)

230 BURIAL, CREMATION REMOVAL (SPECIFY) BURIAL SEPT.1,1982

131. NAME OF CEMETERY OR CREMATORY HEBREW YOUNG MEN

23d LOCATION BALTTMORE

MARYLAND

24 FUNERAL DIRECTOR SUL LEVINSON & BROS., INC. 6010 REISTERS TOWN RD. BALTO., MD

21215

SEP

	A HARMERICAN		DATE OF
August 38, 1002 - 2 3,a	21010		(A)
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d Nomeral Hospital	c/o harylan	.C. crisa	Trails 14 6 1
Magazini e minimus	THE REST OF SECTION		
o esse franchisch	18 - Arres 1-7.1		49

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 mi
retained by the haspital or ottending physicion.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilling in thy the Funeral
should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages Jand 2 mould be illes with 1770 is the should be a second as a second second in the second sec
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medico

IMPORTANT: If Item 21 is morked or Item 18 shows

3. SEX

1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	0 6.	2 . NO.	0 3	1	3
	CEASED NAME OR PRINT)	WIA		DOLE	D	10NC	20. DATE OF DEATH		DAY YEAR	26 HOU	JB AM
3. SE	F	4 R	White		5. DATE C	18, 1894 AR	6 AGE (IN YEARS LAS		MONTHS DAYS	IF UNDER	MIN.
M Bi	RTHPLACE (STATE OR FO	REIGN 7b	US A	/hat country? <b>2</b>	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT  Baltimor	_			MD.
Ba	ty or town of deat <b>ltimore</b>	S	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADORESS)	DR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Retired		126. KIND ( INDUSTRY	of Busine	SS OR
Ma	ryland	3b. COUNTY		Baltlm		13d INSIDE CITY LIMITS? YES MO [	4807 Lind	say Ros	ad		
	THER'S NAME Late Edmund	Smit!		LAST		15. MOTHER'S MAIDEN NAME Late Mary	WE Yingling	E	LA	51	
160 V	VAS DECEASED EVER IN	U.S. ARMED (IF YES, GIVE WA		216 12 8		Mrs Dorothy I		Stayma	ın Dr.	2104	3
	Conditions, if any, gove rise to imme	S CAUSED BY	(:_ AUSE (a)	AS A CONSEQUE MYO CA	lete	Heart B	erch.			MATE INTER	
	underlying cause	lost	(c)	AS A CONSEQUE		NOT DELIVED TO THE					
NO.	PART 2 OTHER SIGNI		ewin		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	'EN IN PART 1	0	
CERTIFICATION	190 DATE OF OPERATO	ATE OF OPERATION			CHOPERATION WAS PERFORMED 200 AU YES			20b. IF YES IN CERTIF YE	S, WERE FIND YING CAUSE S	NGS USEI S OF DEAT NO	TH?
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME OF HOUR A.M P.M	MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF I	njury in Item 18 P	PART I OR PART 2)		
MEDICAL	21 d. INJURY OCCURRE  WHILE NOT WHILE AT WORK		21e PLACE C (AT HOME, STRE	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OF	RTOWN	COUNTY	5	STATE

21a. ACCID OR CONTRI (IF EITHER 21d. INJUR WHILE AT WORK

220.1 certify that (I) (this hospital) attended the decreased from saw the deceased alive an above, (I) (we) (did) (did not view the body and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

MACHADO 23a. BURIAL, CREMATION, REMOVAL 730 NAME OF CEMETERY OR TREMATORY 236 DATE Burial CITY OR TOWN Aug 24,1982 Crestlawn

Harry H Witzke 4112 Columbia Rd Ellicott City

Howard, Maryland 25a. DATE REC'D. BY REGISTRAR

DHMH - 16 50M 1/81 (VRA 15, 4)

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital or attending physician.	1
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	rtte	
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5.		em 4 #G570 8/31 FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO.	0314
nay be page 3 r death		CEASED NAME FIRST	DRED E.	DIXON	08 - 20-	82 1 1020 A M
oge 4 may	3. SE	T	Hhite &	TE OF BIRTH	72 YRS. M	FUNDER : YEAR IF UNDER 24 HKS ONTHS DAYS MOURS MIN.
deoth. P	Ba]	RTHPLACE (STATE OR FOREIGN COUNTRY)  TO, City, Md.	USA	RRIED ANEVER MARRIED DWED DIVORCED	Baltimore City  Baltimore City	MD.
ors ofter	-	Balto. City	11. NAME OF HOSPITAL, NURSING HOME STREET ADDRESS SINAI HOSPT.	)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	12b KIND OF BUSINESS OR INDUSTRY
on 24 ho	13a	Md. Balti	ITY CITY OR TOWN	13d. INSIDE CITY LIMITS?  YES NO   15. MOTHER'S MAIDEN NA	150 Maybin Circ	le
oted with		Leo	Coale	Fiorence		LAST
be exected and the Poper		No	215-09-6518			
the death certificate the attending physic entrangement of person people entangement in transmission event, the			ly ane couse per line for (a), (b), and (c) DBY.  TE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE C  (b)  DUE TO, OR AS A CONSEQUENCE C	c Active:	ure Hepatitis	APPROXIMATE INTERVAL BETWEEN OMSELAND DEATH
N: The law requires that hysician. Icate has been are by consist permit. Then please prion is broad at 8 shaws any merr; or any	CERTIFICATION	19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH  ATTEM DI LAN  196 CONDITION FOR WHICH OPERA	BUT NOT RELATED TO THE TERM  C. S. CHOME  TION WAS PERFORMED	200 AUTOPSY? 200. IF YES, IN CERTIFY YES NOW YES	WERE FINDING USED ING CAUSES OF DEATH?
PHYSICIAN: ttending physic ttending physic the buriol-tron the buriol-tron the buriol-tron the derivol Hyy sed or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE	TH HOUR A.M. MONTH DAY YE	19 216 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM IS PAI CITY OR TOWN	COUNTY STATE
R ATTENDING Florest of the section o		sow the decount of whom.	tol) pattended the decesed from 29 22 19 19 22	, and that in (my) (our) opinion of	to 08-20, 1	9 , that (I) (we) lost and from the causes stated
TO HOSPITAL O retained by the TO FUNERAL DI should be detain with the State DR IMPORTANT; If It		TERESA T	IEFERT	AD ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	08 20 82
OBP	23a. E	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 23c. NAME C	of CEMETERY OR CREMATORY rgreen Memorial	Finksburg Carr	county Md. State
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR Line Funeral Hop	me Reisterstown,	Md. AUG	2 3 1982 2.6	AR'S SIGNATURE

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4 1 2 0 2 3 8 2 3 MILTRED ET TIXON TOX-20-82-117 - 04 TO 101 72 PO West Committee Land Committee Commit CITAL ON THE STATE OF STATE STATES STATES STATES CONTRACT LANGE ellingth antity outle But you have a fire for the see that I have the true the 18 18 102 183 - 28 81-82 33 14-70 E-3 District a Bloken and the little and the the Lieuwan control introped machiners for the control Address of the second of the second of the second of the DIVISION OF VITAL RECORDS, 201, W. PRESTON ST., BALTIMORE, MARYLAND 21201 nding physicion and completely filled in by corban papers. Pages 1 and 2 should be file injury, or other troumotic event, th should be detached for use os the buriql-tronsit permit. Then please remove carl with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or TO FUNERAL DIRECTOR: After this certificate has been signed by IMPORTANT: If Item 21 is morked or Item 18 shows ony etoined by the hospitol or

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYG

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		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	•		
		CEASED NAME FIRST		MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR 2b	. HOUR	
	TITPE	BLA	NCHE I	RENE D	ODRI	LL	AUGUST 1	3.1982	8	3:10pm	
	3. SE>		4. RACE		5. DATE O		6. AGE (THYEARS LAST BE	RTHDAY) IF UND	DER I YEAR IF	UNDER 24 HRS	
,	,	Famale	White		June	21, 1924	58	YRS.	DAYS	OURS MIN.	
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	10	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH		
1		W, Va.	u. s.	Α.	WIDOW		BALTIMOR	E CITY		MD.	
2	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF B	USINESS OR	
1	-	ALTIMORE	JOHN	S HOPKII	NS H	OSPITAL	Housewife		Iwn ho	me	
ź	USUA 13a S	12 000	OUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
2	Table 1 married		ineral	Ridgeley		YES XX NO	10 Wabash	St.			
8	A FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			- LAST	,	
7		Thomas	Α.	Bootma		Clara	Mae		Barne		
3		VAS DECEASED EVER IN U.S	S. ARMED FORCES? S. GIVE WAR OR DATES!	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS Ridg	seley,	w. va.	
2		No.				Mr. Arthur 1	e. vadrill,				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per	line for (o), (b), one	1 / 1 / 1 / 1	r	_	APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH		
		)	DIATE CAUSE (0)	10		+ 400	13				
	DUE TO, OR AS A CONSEQUENCE OF									0 0	
	Conditions, if ony, which gove rise to immediate (b) 1000000000000000000000000000000000000								0 9	015	
		couse (a), stating the	e DUE TO, O	11	Ed. 013	> 8	0 0				
		(c) predimina								ays	
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
,	ATIO	190. DATE OF OPERATION	Preumo	2/10	OBERATIO	NI WAS DEDECORAS	20g. AUTOPSY?	20b. IF YES, WER	E EINIDINIO		
	CERTIFICATION	TYD. DATE OF OPERATION	ITION FOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			IN CERTIFYING	CAUSES OF	DEATH?		
	ERT	21a. ACCIDENT WAS UNDERLYING	G 7 21b. TIME O	F IN HIRY	_	21c HOW INJURY OCCUR	YES NO	YES [		40 🗌	
1		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH DA	Y YEAR	THE TIOW INSURT OCCUR	CENTER NATURE OF INJU	INT IN TIEM IS PART TO	RPART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE		19	211 LOCATION					
	ME	WHILE NOT WHILE		REET FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	)WN CO	YIMUO	STATE	
			osspital) attended th	e decorred from	JUL	Turi 9 80 August 13 80					
		270.1 certify that (I) (this hospital) patended the deceased from 19 2, to 10 11 12 12 15 16 (I) (we) lost saw the deceased alive on 19 2 19 2 19 19 19 19 19 19 19 19 19 19 19 19 19									
		obove, (I) (we) (did) (di 22b. SIGNATURE	d not) view the body	ofter deoth.		DEGREE	V		2c DAJ€ SIG		
		1 6	Moll	an	Mel.	ATTENDING	MEDICAL STA	FF /	8/13	182	
1		22d. PHYSICIAN'S NAME (T	YPE OR PRINT)	1	-	PHYSICIAN [ 22e. ADDRESS	DIRECTOR PHYSIC	LIAN	0110	100-	
		S.E.	NOLA	V		John Hanl	ring los	Ontin	Rap	to M	
	23a. B	URIAL, CREMATION, REMO	VAL 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	Duran		-	

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 8/17/82 Sunset Memorial Park, Cumberland, Allegany Maryland

14 FUNERAL DIRECTOR

H. Wätzne George 202 Greene Steppes Cumberland, Md. AUG 191982

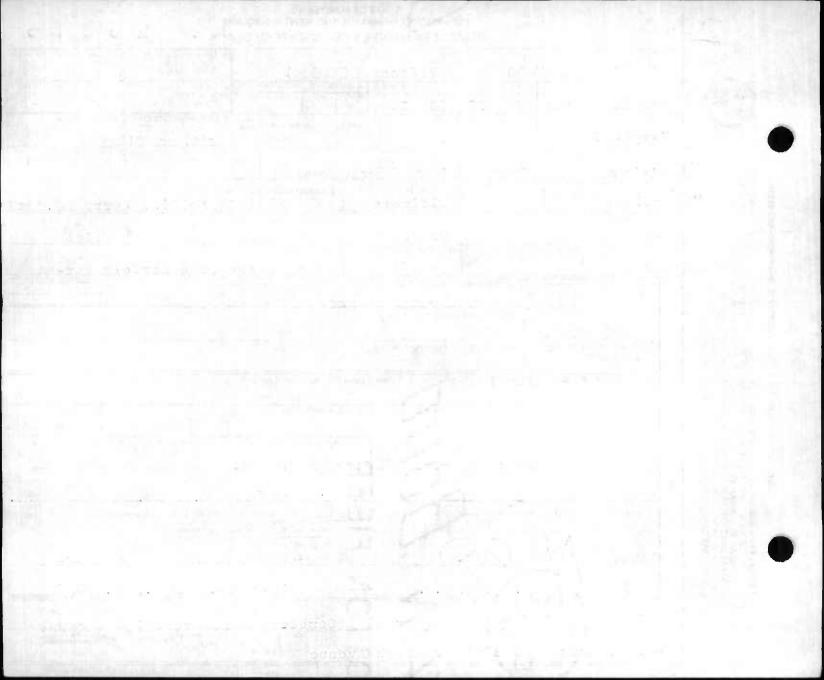
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COST, CA SHERMAN I THE DAMESTON BUILDING TO DAME Parties 12 March 12 and 1 Address 1 Address 1 AND THE PROPERTY OF THE PROPER The Control of the Second of t Discourage (A. province Court and Co The Medium F. Chimbol. 10 Indials St. 20153 Annie verreige der Verreige der Verreige des States und der States der Verreige der States der Verreige der V

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20M 4/82

STATE OF MARYLAND



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the attending physician

1	FOR 1 - STATE REGISTRAR	DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 0	3 1 7
	(TYPE OR PRINT)	, ELSIE		AST	2a. DATE OF DEATH	MONTH DAY YE	
3	Female (	White	5. DATE ( MONTH 12	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
3	Maryland	U.S.A.	WIDOWE		Baltimore city o Baltimore	City	MD
7	Baltimore	11. NAME OF HOSPITAL, NURSIN Belair Convales	arium		HOUSEWILE HOUSEWILE		ND OF BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR O 136. STATE 136. COUN' Maryland		N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	130 STREET ADDRESS 417 S. Rob	inson Stre	et
	Anthony	Kujawa		15. MOTHER'S MAIDEN NA/ Frances	WIDDIE		poTska
	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	ved forces? 16b. SOCIAL SECU 215-03-4		'kobert' F. Sl	omkowski <sup>ADDR</sup> Laurel,	Md.	
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DBY: E CAUSE (o)  DUE TO, OPTION SOLUTION  (b)  DUE TO, OR AS A CONSEQUE	SC OF	PULMON = ARUT	EM	EREST E	PROXIMATE INTERVAL MEEN ONSET AND DEATH
7	PART 2. OTHER SIGNIFICANT C	196. CONDITION FOR WHICH	747	ROIDN	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
1	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PAR	et 2)—
	NOT WOLLD	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC ]	211. LOCATION STREET	CITY OR TO		state , , that (I) (we) last

should be detached for use as the burial-transit permit. Then pl with the State Dept. of Health and Mental Hygiene priar to bur TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any OR ATTENDING PHYSICIAN: DHMH - 16 50M 4/B2 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE 8-24-82 23c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery

DEGREE

22e. ADDRESS

ATTENDING PHYSICIAN

23d LOCATION
CITY OR TOWN
Baltimore, Baltimore, Md

MEDICAL

and that in (my) (aur) apinian death accurred an the date and haur and fram the couses stated

Nichodas T. Matthews, 3021 Eastern Avenue Baltimore, Md. BY-REGISTRAR 256. REGISTRAR-S

Line 1. Matthews, 5021 Eastern

complet

IMPORTANT If New 21 is marked or them 18 shows any injury, as other troumatic event, the medical TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and calculate be detached for use as the build-transit permit. Then please remove corbonopopers, Pages — the State Dept. of Health and Mental Hyglene prior to build, cremotion, or removal.

in that the death certificate be executed

OR ATTENDING PHYSICIAN, The law

ned by the hospital or attending phys

	_	FOR STATE REGISTRAR	njereo.		AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.				
		CEASED NAME FIRST OR PRINT)	MI	DDLE	·	AST	2a DATE OF DEATH MONTH DAY YEAR 2			2b. HO	2b. HOUR ZA
				DORSE			AUGUST 20		2	11:	00 M
3	. SE>		RACE		5. DATE C		6 AGE (IN YEARS LAST BI		FUNDER 1 YEAR	IF UNDE	R 24 HRS
		FEMALE	BLA	CK		20-1982		YRS.		1	10
20	BI	RTHPLACE (STATE OR FOREIGN	L CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
	1	PAIT, more	215	A	WIDOWE	- / 1	BALTIMO	RE CTT	ry		MD.
3			(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST (	ION	12b. KIND		
5	JSU/ 30. S	ATTIMORE IL RESIDENCE (IF NURSING HOME OR OF TATE 136. COUN ARYLAND THER'S NAME	OTHER INSTITUTION, G		ADMISSION)	13d. INSIDE CITY LIMITS?  YES X NO   15. MOTHER'S MAIDEN NA	13e. STREET ADDRESS	NORTH	AVE.		
2	1. T.A		MIDDLE	LAST		MICHELLE	MIDDLE	DORS	SEY	ST	
		/AS DECEASED EVER IN U.S. ARA ES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? I	6b SOCIAL SECU	RITY NO.	17. INFORMANT  MICHELLE I	OORSEY	ESS	AB	OVE	
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	(c)	AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	idition give	N IN PART 1	(a)	
_	0			100	NO						
1	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		WERE FIND ING CAUSE		ATH?
1	AL	2)q. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.M P.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	RT I OR PART 2)		
	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY T, FACTORY, OFFICE, F)	ARM, ETC )	211. LOCATION STREET	CITY OR TO	NWO	COUNTY		STATE
-		220.1 certify that (I) (this hospital) attended the deceased from								that (I)	, ,
		226. SIGNATURE MF	3maly	MI		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c. DATE 2.0	SIGNED	82
		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			JOHNS	HOPKI	NSI	tosp	M	1
2	3a. B	URIAL, CREMATION, REMOVAL	23k DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION				

BP DHMH-16 30M 2/80 (VRA 15, 4)

NAME

CREMATION
24 FUNERAL DIRECTOR

ADDRESS

:II. S II.OO TEUDON | MANAGED Y DANK WHITE THE

Page 4 may be

requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN: The low

TO HOSPITAL

completely filled in by the funeral director, page ond 2 should be filed within 72 hours after deat

medical

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages if with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or ather troumotic event, the

STATE	OF	MARYLAN
		*******

ND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FOR
1	-	STATE
		REGISTRAR

	1 -	REGISTRAR				CERTIFI	CATE OF DEATH	•	REG. NO.	Sing	0		•
		CEASED NAME OR PRINT)	Essie	4	Nac	-ek	Dorsey	20 DATE OF	DEATH MON	Z9	82	26. HOU	R M
The second	3. SEX	Fema	1	A RACE Bla	ck	5 DATE O			ARS LAST BIRTHDAY	YRS.	UNDER FYEAR	IF UNDER	24 HRS MIN
5		RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWEI		Bu Bu	Himore	- 1	F DEATH		MD.
)	B	altimo	re	Jewish	Convales	Cent 6	Nursing Hom	(TYPE OF WORK	DECUPATION CEOR MOST OF WO DESTIC	RKING LIFE)	126. KIND C INDUSTRY	OR BUSINE	SS OR
)	130/	lary land	136 COUN	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE 13c STY OR TOW  BUILDING	N	136 INSIDE CITY LIMITS?	13e. STREET	ADDRESS 391	3 Edg	e Comb	Circ.	le North
7	4	THER'S NAME	1 50	MIDDLE	n last		Louis A	NIVA	MIDDLE	ny	LAS	5¥	
		AS DECEASED ES, NO OR UNKNOW	EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	219-28-	4672	Chertude Sco	it P.	O. Box.	485	Owing:	s Mil	1/s, Md
		Conditions, if gove rise to couse (a), underlying	ony, which immediate stating the couse lost	DUE TO, OR  DUE TO, OR  (b)  DUE TO, OR  (c)	R AS A CONSEQUE	NCE OF	te Cordro U	Scelar Secolar MINAL DISEAS	Rene	L ON GIVEN	3	Jesus Jesus	DEATH 6
	CERTIFICATION	190 DATE OF O	PERATION	196 CONDI	TION FOR WHICH		N WAS PERFORMED	20e AUTO	PSY? 200		WERE FIND II		H?
-	MEDICAL CER		CAUSE OF DE	ATH HOUR A.A	M. MONTH DA	AY YEAR 19	216 HOW INJURY OCCUI	RRED (ENTERNA	iure of injury in	ITEM 18, PART	1 OR PART 2)		
	ME	220 I certify the	ot (I) (this hospi	(AT HOME, STRI	e deceased from	There	STREET	to	city or town  19  d on the date of	19		that (I) (m	,
		above, (1) ( 22b. SIGNATUR		muel	Lewn	か	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		220 DAYE	SIGNED	2

DHMH-16 20M (VRA 15, 4) 7/78

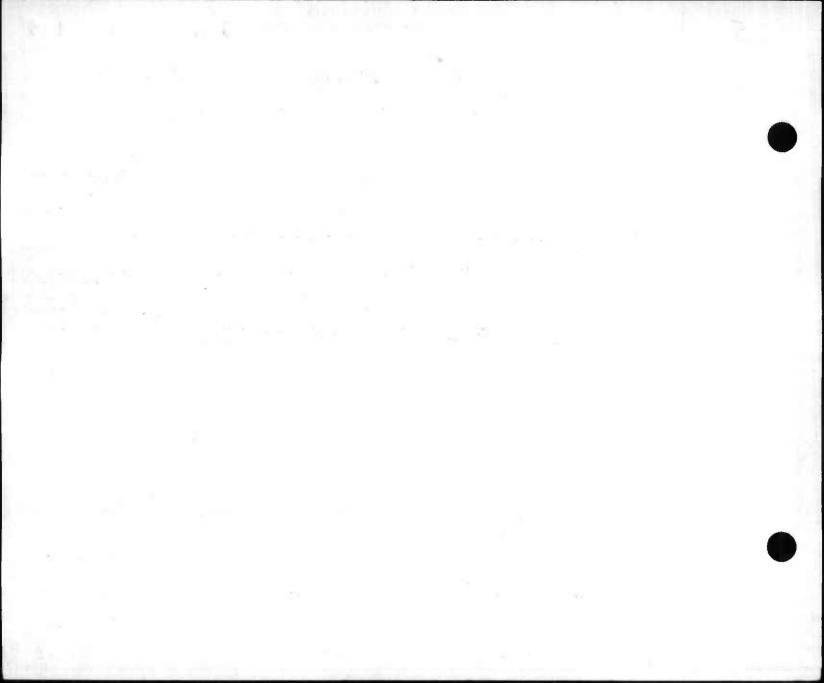
230. BURIAL, CREMATION, REMOVAL 236 DATE 9-4-82 24 FUNERAL DIRECTOR

230 NAME OF CEMETERY OF CREMATORY

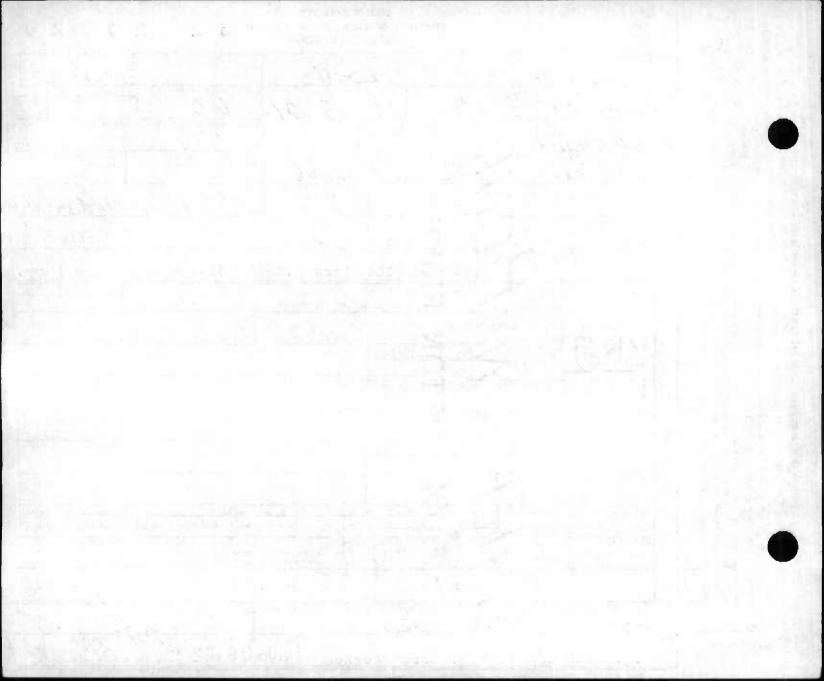
120 ADDRESS PARK HOTS AUZ BALTO 23d. LOCATION
BY ORTOWN
BAAFIMONE, COUNTY

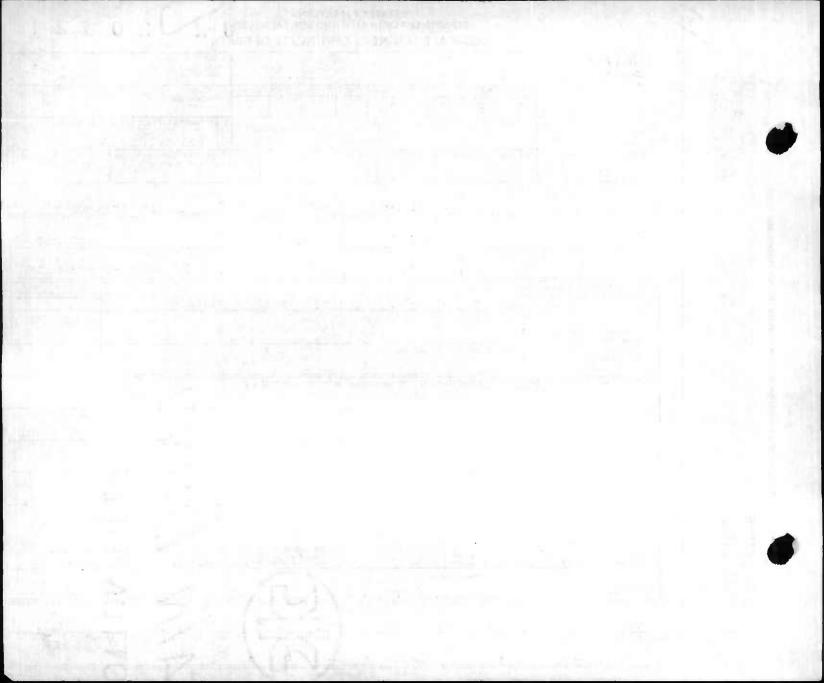
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE an face player (30 gin 9, /m or sof

SEP



1		STATE OF MARYLAND	
, [1	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  REG. NO.	0 3 2 0
	ECEASED NAME FIRST PE OR PRINT!  Lenoka	MIDDLE 20 DATE OF DEATH MONTH D	AY YEAR 26. HOUR - 82 42 16 P A
3. S			IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
10 10	BIRTHPLACE STATE OF FOREIGN 7b.	CITIZEN OF WHAT COUNTRY? 8  MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF C	OF DEATH . ME
10.	CITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  (IF NOT INJUST FACILITY LIVE STREET ADDRESS)  (TYPE OF WORK FOR WOR	12b. KIND OF BUSINESS OR INDUSTRY
0 136 130	DAL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  131. CONDIT TOWN  131. CONDIT TOWN  132. YES NO   133. CONDIT TOWN  134. CONDIT TOWN  135. CONDIT TOWN  136. CONDIT TOWN  13	metalls to
200		H. Williams Ruth	Artis
16a	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W. NO		Falls Pkwy
mjery, or other insumons eve	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  (b) Theulfille My Plana - E Poor Selsis.  DUE TO, OR AS A CONSEQUENCE OF  (c)  NOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES. IN CERTIFY YES \( \text{NOTE} \) NOTE YES	WERE FINDINGS USED ING CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RT   OR PART 2)
MEDICAL	TId. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
E 7 E E	220.1 certify that (1) (this hospital) saw the deceased alive on abave, (1) (we) (did) (did nat) v  22b. SIGNATURO		9 A 2 that (I) (we) lost and from the couses stoted 22c, DATE SIGNED
MPORTANI: ##	22d. PHYSICIAN'S NAME (TYPE OR PR	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	
	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	COUNTY N.C.
24.	FUNERAL DIRECTOR	Simon Temple Church Fayettevil  1101 E. North Avenue    AUG 06 1982   Solution   Solutio	





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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shaws ony injury, or other traumatic event, th

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TATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	here	Sim	U	3	-	1
	REG. NO.					

- STATE REGISTRAR		CERTIFICATE OF DE	EATH	REG. NO.	200	3 6 6
DECEASED NAME FIRST TYPE OR PRINT)  MONTY	MIDDLE	Dowell	2a. DATE	OF DEATH MG	DNIH DAY YEAR	26 HOUR 3:26 A M
SEX	4 RACE	5. DATE OF BIRTH		(IN YEARS LAST BIRTHD		
Female	Black	$10^{\text{MONTH}}$	8 6	95		HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	APPED 9 BALTI	MORE CITY OR	COUNTY OF DEATH	
Virginia	USA	37	ORCED [	(30/1	fimore (	ity MD
Baltimore	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS)		IAL OCCUPATION WORK FOR MOST OF W	VORKING LIFE) 12b. KIND ( INDUSTRY	
SUAL RESIDENCE (IF NURSING HOME OR B. STATE 136 COUN Maryland	other institution give residence before ITY 13% CITY OR TOWN Balto.	YES X	NO 🗆   517	et address Bloom	Street	
FATHER'S NAME Silas	Ban ks		MAIDEN NAME ICE	MIDDLE	Thô	omas
WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 213-54-			ADDRESS 2916 Ca		1
PART I. DEATH WAS CAUSEI	by ane cause per line for (a), (b), and DBY:  E CAUSE (a)  DUE TO, OR AS A CONSEQUE  1b)  DUE TO, OR AS A CONSEQUE	nce of	Avrest			xmate interval ionset and death ied/5te
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D		O THE TERMINAL DISI	EASE OR CONDIT	1000 GIVEN IN PART 1	ſa
190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 200 A		Ob. IF YES, WERE FIND IN CERTIFYING CAUSES	
21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	TH HOUR A.M. MONTH DA	Y YEAR	URY OCCURRED (ENTE	R NATURE OF INJURY IF	N ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LATHOME STREET FACTORY, OFFICE FA	RM, ETC ) 211. LOCATION	4	CITY OR TOWN	COUNTY	STATE
sow the deceased olive on abave, (I) (we) (did) (did nat	ral) attended the defeased from	and that in (my) (c	, 19, to aur) apinian deoth occu	urred an the date	and hour and fram the	that (I) (we) last causes stated
226 SIGNATURE	mbe m	DEGREE AT PH	TENDING MEDIC	AL STAFF	22c. DATE	SIGNED
22d PHYSICIAN'S NAME CLYPE OF	PPINIT	220 ADDDESS				

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 8/31/82

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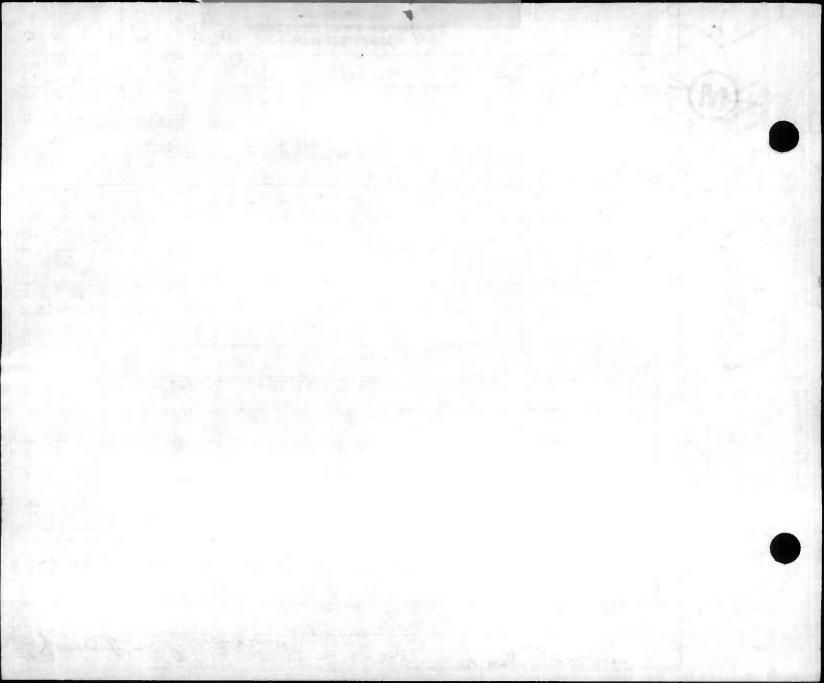
236 DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Md. COUNTY

24 FUNERAL DIRECTOR William C. MARC Mt Auburn Cem Bal. F/H 1101 E. North AUG 3 1 98



ond 2 should be filed with filled in by the fu

nding physicion and car corbandopers. Pages 1

injury, or other troumotic event, the

should be detoched for use os the buriol-tronsit permit. Then pleose remove corbonpoper with the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. After this certificate has been signed by

MPORTANT: If Item 21 is morked or Item 18 shows ony

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20323

REGISTRAR		CERTI	FICATE OF DEATH	REG. N	O.		
I. DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
(TYPE OR PRINT) BERNADETT	E N.	DOX	IE	8	21	82	2 3 M
3. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	
F	W	June	7, 1919 YEAR	63	YRS	THS: DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COL	JNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
Md.	USA	WIDOW		BATITTM	ORE CIT	V	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPATI	ON I	126 KIND C	OF BUSINESS OR
BALTIMORE		EMORIAL H		Personnel	F WORKING LIFE)	Md. S	tate
USUAL RESIDENCE (IF NURSING HOME O 130. STATE Md.	NTY 136 CITY C	CE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5912 York	wood Ro	ad	
IL FATHER'S NAME			15 MOTHER'S MAIDEN NA	ME			
Henry Euge		AST	FIRST Kat	herine Fall	on	LAS	ST
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE			
(YES, NO OR UNKNOWN) (IF YES, GI	213	14 2409	Jane Eliza	beth Doyle	5912 You	rkwoo	d Rd.
18 CAUSE OF DEATH (Enter o	nly one couse per line for (o),	, (b), ond (c)	1 1 0	0.		BETWEEN	ONSET AND DEATH
PART I. DE ATH WAS CAUS	TE CAUSE (o)	entra	heart from	Ultre			iths
4149							
Conditions, if ony, which	DUE TO, OR AS A CO	- Perme	heart diseas	R		Yea	irs
gove rise to immediate	(b)	10000	, 0 , 1				
underlying couse lost.	DUE TO, OR AS A CON	NSEQUENCE OF					
DARL 2 OTHER STOLINGS AND	(c)	10 10 05 11 11 01					
PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	ve prostens		TO Tailure		JIHON GIVEN I	N PART I	0
190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
E				YES NO	IN CERTIFYIN	_	NO [
210. ACCIDENT WAS UNDERLYING		T	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
		IH DAY YEAR					
(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e. PLACE OF INJURY	17	21f LOCATION				
WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY.	OFFICE, FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
220   certify that (I) this hasp	ital) attanded the descend	8-	16 187	8	21 10	82	163
sow the deceosed alive or	V . 1(1)		and that in (my) (our) opinion	death occurred on the dr	ate and hour on		that (1) we) lost
obove (I) (we) (did) did no 22b. SIGNATURE	ot) view the body ofter death	1.	DEGREE				
2A-Tour	road pro	1	ATTENDING PHYSICIAN	MEDICAL STAI	F IAN	8/	21/82
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	-	22e ADDRESS			11 3	1
FJTE	DWNSEND			Aniversit	y PK	WAY	
23a. BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION		YTMUC	STATE
Burial	8/24/82	New C	Cathedral Cem.	Baltimo:	re, Md.		

BP DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR.

etoined by the hospital or attending physician. O HOSPITAL OR ATTENDING PHYSICIAN:

FOR - STATE

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

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	3. SE		4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	
		FEMALE *	WHITE	06 06		50 1 , -5:	YRS M	ONINS DAYS	HOURS
70		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
2	10.61	MARYLAND TY OR TOWN OF DEATH	U.S.A.	WIDOWE		BALTIMORE			
13		SALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FACTORY WO	WORKING LIFE	126 KIND ( INDUSTRY FACT	
3<	13a S	IARYLAND 13b COU	NOTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO BALTIME	WN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 2515 ARBU	ON AV	ENUE,	2123
00	) I4 FA	THER'S NAME FIRST  WALTER	MIDDLE LAST HOFFMA	N	15 MOTHER'S MAIDEN NAME FIRST EMMA	WIDDIE		DOST	ER
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	SS		
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ny injury, or other troumotic event, t	ATION	PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	UENCE OF  DEATH BUT	TE MYOCA	JRDIALIN	ITION GIVE	N IN PART 1	0
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rked or Item 18 shows ony injury, or other troumotic event, t	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICH  11b TIME OF INJURY  HOUR A.M. MONTH	UENCE OF  DEATH BUT  THOPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM	PROVALIN	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS US
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8/6/82

UTTOU FUNERAL HOME 3055 W, NONTHAVE

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FOR

- STATE

(TYPE OR PRINT)

(SPECIFY)

DHMH-16 30M 2/80 (VRA 15, 4)

Burial

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

01

26 HOUR

Post Office

Avenue, Balto.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

Scott

20b. IF YES, WERE FINDINGS USED

COUNTY

Anne Arundel County. Md.

22c. DATE SIGNED

YES T

IN CERTIFYING CAUSES OF DEATH?

04 . 05 AM

1982

20. DATE OF DEATH

AUGUST

CITY OR TOWN

Crownsville Vet.Cem.

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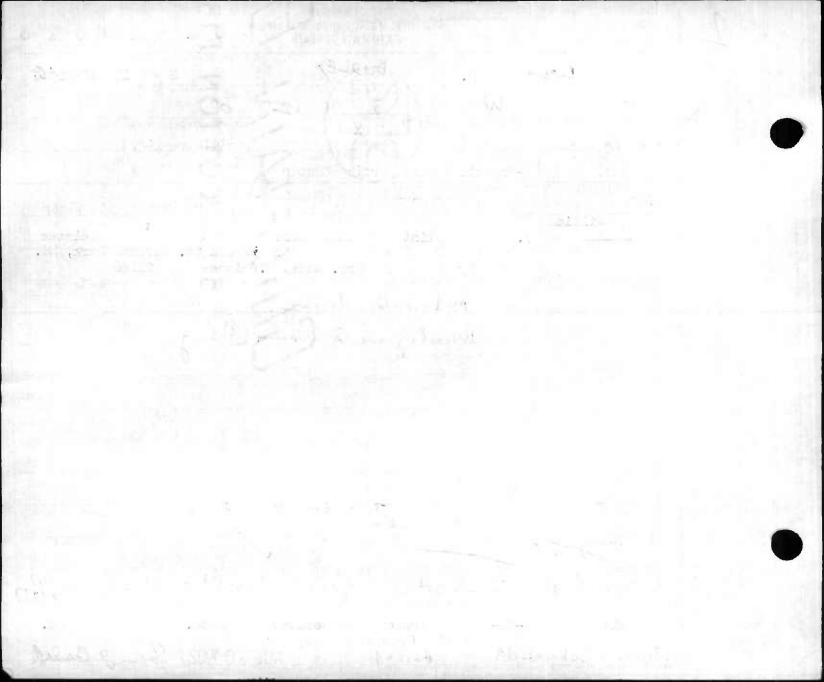
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages Land 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	O Z	10		0 6
	CEASED NAME	FIRST		MIDDLE	0.	AST EX	20. DATE OF DEATH	MONTH	DAY YEA	R 2b. HOL
		LOLA		$M_{\bullet}$	וע	UDLEX		8	17	82 12.4
3. SE	× F	4_1	RACE (A)		5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS D	EAR IF UNDER
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	an V. An	4_	и	. S .	WIDOWE	D NEVER MARRIED 📑	Baltimo	 re Cit	tv	
10 C	ITY OR TOWN OF DEA	ATH 11.				OR OTHER INSTITUTION	12a USUAL OCCUPAT	TION	12b. KIN	ID OF BUSIN
MSII	Balto.	SING HOME OR OTH	-	GIVE RESIDENCE BEFOR		sing Center				
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	- none -	MID!	3.	Fli	nt	-none Flora	WIDDLE			Keiste
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or attending physician.



8	FOR 1 - STATE REGISTRAR	W.	
	1 DECEASED NAME	FIRST	MA

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	60	La	U	3	6	
	REG. NO.				- 1019	

41		REGISTRAR		CLI	THICKIE OF DEATH		REG. NO.		
	1 DE	CEASED NAME FIRST	Miriam	MIDDLE C.	LAST A Duff	20. DATE OF DI	EATH MONTH DAY	YEAR	26 HOUR
ų		Min	ian	2	Dutt		8 28	35	2:30 PM
	1.5E)		4 RACE		ATE OF BIRTH	6 AGE (IN YEAR	-	INDER I YEAR	IF UNDER 24 HRS
H	4	Female	Wh	ite N	16v. 29, 191	ľ9 62	YRS	DATS	HOURS MIN.
d	a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	RRIED NEVER MARRIE	9 BALTIMORE	CITY OR COUNTY OF	DEATH	
2		Maryland	U.S.	Λ	OWED DIVORCE	Po	ltimore Ci	ty	MD.
5	CONT.	TY OR TOWN OF DEATH  Baltimore	11. NAME OF I	HOSPITAL, NURSING HOME HAS INTEREST ADDRESS Samaritan Ho	ME OR OTHER INSTITUTIO Spital			12b. KIND C INDUSTRY	OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOM TATE 136 CC aryland		GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Baltimore	13d INSIDE CITY LIM YES 🔼 NO 🛭	175?   13e. STREET AD: 5954	Glen Fall:	s Ave	. 21206
j	14 FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID		MIDDLE	145	1
ū		Joseph		Kraft	The	resa	NDDEC.	Ha	all
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY N			ADDRESS 4217	Main	St.
Ч	, ,	No	, one man on paredy	219-07-3946	Joanne T.	<ul> <li>Lunceford</li> </ul>	Lineboro	, Md.	21088
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, O	r as a consequence c	DF				
7.7	NOIL	PART 2 OTHER SIGNIFICAN				E TERMINAL DISEASE O	ir condition given	IN PART 10	o
1	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTÓPS YES N	72 20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
ì		? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.	M. MONTH DAY YE	21c HOW INJURY C	CCURRED (ENTER NATUR	E OF INJURY IN ITEM 18 PART	1 OR PART 2)	
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		22a. I certify that (I) (this he saw the deceased alive abave, (I) (we) (did) (did 22b. SIGNATURE	an	F/28 1950	, and that in (my) (aur) a	pinian death accurred a	in the date and have an		
		Taus 774 PHYSICIAN'S NAME (IV	m	26h	MD ATTEND	ING MEDICAL	STAFF PHYSICIAN [	2/	28/52
		Davis	M ?	Hahn	S301	Loch Rai	ven Bluck	2	1239
	23a. B	URIAL, CREMATION, REMOV	/AL 23b. DATE	23c NAME C	OF CEMETERY OR CREMAT	ORY 23d. LOCATIO	NC		

DHMH - 16 50M 1/81 (VRA 15. 4)

Leonard J. Ruck, Inc.

Sept 1 1982

136 NAME OF CEMETERY OR CREMATORY

Lake View Memorial

Sykesville

COUNT Maryland 16

24 FUNERAL DIRECTOR

Burial

. Baltimore, Maryland

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	3. SE		4. RACE	DUMHA 5. DATE OF BIRT	H	6. AGE (IN YEARS LAST B	2000	IF UNDER 1 Y	
96		Male	White	MONTH 11	7 O8	73	YRS	MONTHS	A15 HOUR
形		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED XX	NEVER MARRIED   DIVORCED	9. BALTIMORE CITY Balto	or COUNT		Н
25		Balto.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Church Hosp.	(ADDRESS)	HER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Welder		IFE) INDUS	OF BUSING PRY
33	13a :	Md.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNTY 130. CITY OR TOW Balto.		NSIDE CITY LIMITS?	13e. STREET ADDRESS 111 South		St.	
200		ATHER'S NAME FIRST Ward	MIDDLE LAST  Dumhart		OTHER'S MAIDEN NAM	May		Barri	LAST . <b>S</b>
e medico	(	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O NO	ARMED FÖRCES? 16b SOCIAL SECU		Dorothy	Dumhart	Balto.		h Ann
dymati		Canditions, if any, which	DUE TO OR AS A CONSEQUE	ENCE OF OMO	NAS URE				
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prese prida to buildi, cremphon, ce have dry mjury, or other fraumati	RTIFICATION	gove rise to immediate cause lat, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  DVANCED CARCI  19a. DATE OF OPERATION  JULY 26, 198	DUE TO, OR AS A CONSEQUE  (c) DISSEMINA  (CONDITIONS CONTRIBUTING TO  NOMA RECTUM WIT  196 CONDITION FOR WHICH  CANCER RECTUM	ENCE OF ATED COAG DEATH BUT NOT R H LOCAL R OPERATION WAS	ULOPATHY  RELATED TO THE TERM  FIXITY TO  S PERFORMED  STALILEUM	SMALL BOWEL  200 AUTOPSY?  YES NO X	20b. IF YE IN CERTI	S, WERE FIN FYING CAU	NDINGS US USES OF DE NO
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h and Merrial Trygene palar to burnel, cremation, an rived or New 18 shows any injury, or other traumark	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN:  DVANCED CARCI  19a. DATE OF OPERATION  JULY 26, 198;  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR AS A CONSEQUE (c) DISSEMINATION OF AS A CONSEQUE (CONDITIONS CONTRIBUTING TO NOMA RECTUM, WITH (CONDITIONS CONDITION FOR WHICH (CONDITIONS CONDITIONS FOR WHICH (CONDITIONS CONDITIONS (CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS CONDITIONS CONDITIONS (CONDITIONS CONDITIONS	ENCE OF ATED COAG  DEATH BUT NOT R TH LOCAL ROPERATION WAS  WITH DI AY YEAR 19	ULOPATHY  RELATED TO THE TERM  FIXITY TO  S PERFORMED  STALILEUM  HOW INJURY OCCURE  OCATION  STREET	SMALL BOWEL  200 AUTOPSY?  YES NO X	20b. IF YE IN CERTI YI URY IN ITEM IB	S, WERE FIN FYING CAU	NDINGS USES OF DE NO
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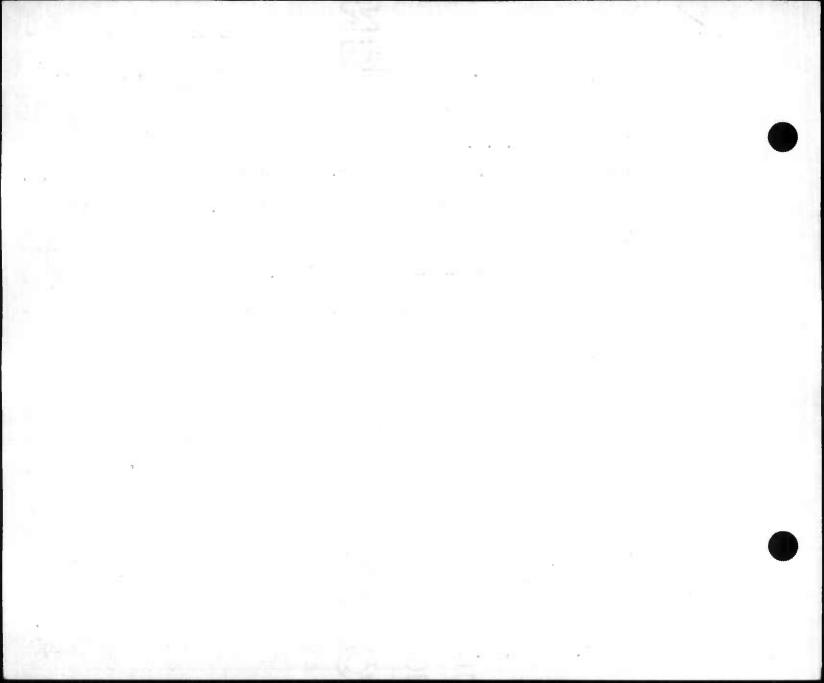
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	REGISTRAR ECEASED NAME FRST	WIDDIE	CERTIFICATE OF DEATH	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	PE OR PRINT)	essie M.	- Dunham	6. AGE (IN YEARS LAST BIRTINDAY)	12.550
13. S	EMALE	WHITE	MARCH 20 1921	6. AGE YINYEARSYASY BRITHDAY	MONTHS DAYS HOURS MIN.
734	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVO	Baltimore 12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
US	Baltimore UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	S Hospital	CLERICAL	STATE
n	LARYLAND ANN	LEARUNDEL ARNOG	YES NO	13e. STREET ADDRESS 1007 MAGGOTAL	Y AVE.
5	FATHER'S NAME FIRST  TIMEROUSE  FIRST	Sam McHargue	15 MOTHER'S MAIDEN NA	MIDDLE	e McHargue
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU 238-28-1		ADDRESS	AME 48 /3)
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	uter Ovarion Co	ince	
CATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (c) Thomb  T CONDITIONS CONTRIBUTING TO E	NCE OF Embolism of	MINAL DISEASE OR CONDITION G	ES, WERE FINDINGS USED
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3700	TYPE	Eugene	WIDDLE	Dui	ast nn	20 DATE OF DEATH MONTH August		1982	10 A
defector, po	1	Tale	A RACE  Negro  TA CITIZEN OF WHAT COUNTR	June	27° 1899	6. AGE (IN YEARS LAST BIRTHDAY)  8.3  9. BALTIMORE CITY OR CO	MONT		IF UNDER 24 HRS HOURS MIN.
		Kentucky	U.S.A.	WIDOWE		Baltimore	City	r	MD.
the Co	В	altimore	144 N. Mone	stery	Ave.	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORK Freight Har	ING LIFE) IF	NDUSTRY	n R.R.
filled in	13a S	aryland 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BE NTY BALTIT	NWC	YES NO	13. STREET ADDRESS 144 N. Mona	ster	cy Av	re 21229
ond 2 si	M	THER'S NAME	MIDDLE Dunn LAST		Commodore	WIDDLE	JE	ENK IN	S
Poges 1	[1	VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV 10	RMED FORCES? 166 SOCIAL SE E WAR OR DATES) 404-0		Eugenia D	Douglass/3	3504	Ella	21215 mont Rd
d by the attending physicial close remove carbon papers. and, cremation, or removal. or other traumotic event, the		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSECTION OF TO OR AS A CONSECTION OR OR AS A CONSECTION OF TO OR OR AS A CONSECTION OF TO OR OR AS A CONSECTION OF TO OR OR OR O	QUENCE OF	& G	ista		APPROXIA BETWEEN O	NATE INTERVAL
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attending pl fter this certif os the burial-i th and Mental orked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 216 IN JURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	C	OUNTY	STATE
ro Funeral Directors: af should be detroided for use of with the State Dept of Health IMPORTANT. If them 21 is mo	23e B	saw the deceased alive acabave. (I) (we) (did x did no 22) SIGNATURE  224 PHYSICIAN'S NAME (THE COURT)  URIAL, CREMATION, REMOVAL	INT)  123b. DATE  127  127  127  127  127  127  127  12	Wighter North	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  ZM W - EMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN [  1734 LOCATION	2m		
DHMH-16 20M (VRA 15, 4) 7/7B	24 FL	BURIAL UNERAL DIRECTOR TShall W. Jo	08/07/82   April   19   19   19   19   19   19   19   1	ARBUTU L Edmo	ISO DATE	BALTIMORE REC'D. BY REGISTRAR 250. BY 1982		S SIGNAL	Md.



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FOR - STATE

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF I	PEATH	REG.	10.			
	CEASED NAME	FIRST	٨	AIDDLE	Į.	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	-
(TYPE	E OR PRINT)	James	F	₹.	Dunr	ı		August	18,	1982		v
3: SE			4 RACE		5 DATE C			6 AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER 1 YEAR		
	Male		Blac	ck	11	16	Ő <sup>°</sup> Ö	7	3 YRS	MONTHS DAYS	HOURS MIN.	
	IRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER		9. BALTIMORE CITY	OR COUNT	Y OF DEATH		_
V	Virginia   USA				WIDOWE		VORCED	Balti	more	City	MI	0
	Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF STREET ADDRESS.					TITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OF		
13a. S	AL RESIDENCE (II	136 COUP		Baltimo		13d INSIDE C	ITY LIMITS?	315 Dia	nond	Strac		_
14. FA	WIII	iam	WIDDLE	dunn		15. MOTHER	S MAIDEN NA			- LAS	ST	
16a V	WAS DECEASED	EVER IN U.S. AR		16b SOCIAL SECU	RITY NO.	17 INFORMA	INI	ADD	₹ESS			_
	Yes	N) (IF YES, GIV	/E WAR OR DATES)	214-01-	6765	Bert!	ha H,I	Ounn 315	Diamo	ond Str	eet	
	Conditions, if gove rise to couse (a),	ony, which immediate	DUE TO, OF	AS A CONSEQUE		Kespu Mela	along fatic	farma Carun	tic	Co		
NO	PART 2 OTHER	SIGNIFICANT	Obstru	rture	tau	NOT BELATED	TO THE TERM	AINAL DISEASE OR CO	VDITION G	IVEN IN PART 1	0.	Ī
CERTIFICATION	19a DATE OF OR	re		TION FOR WHICH	PERATIO			200 AUTOPSY?	IN CERT	ES, WERE FINDII IFYING CAUSES YES []		
MEDICAL CE	OR CONTRIBUTING	S UNDERLYING C CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW IN	IJURY OCCUR	RED (ENTER NATURE OF IN.	URY IN ITEM 18	PART I OR PART 2)		
MED	21d. INJURY OC	OT WHILE AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION		CITY OR I	OWN	COUNTY	STATE	
	sow the de	ceased alive on	AUG	17 195	\$2.0n	nd that in (my)	, 19	death occurred on the	date and ha		that (I) (we) last causes stated	
	22b. SIGNATUR	A	laser				ATTENDING PHYSICIAN [		AFF ICIAN	22c. DATE	SIGNED 18/82	
	224 PHYSTCIAN	AS MC		MARA	NG	22e ADDRES	SLOCI	M RAURN	DVA	+ H		
230 E	BURIAL CREMAT	ON REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR (	REM ATORY	123d LOCATION				=

Md. Veteran Cem.

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

this certificate hos been

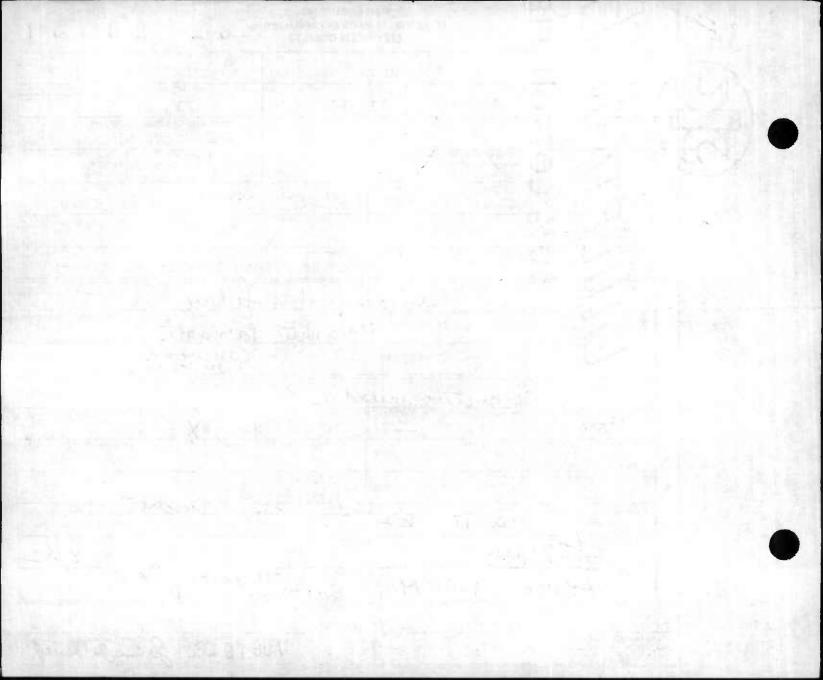
18 sherys

MPORTANT: If Item 21

BURTAL.
24 FUNERAL DIRECTOR 1101 E. North Ave. Wm. "C. March F/H

Crownville, AUG 1 9 1982

Md.



requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

I. DE	CEASED NAME	JRSI	MIDDLE		LAST PATRACTOR	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	E OR PRINT)	NTHONY	GERARD		DURMER (Durmowicz)	20 DAIL OF DEATH	~ /2	182	7:15
), SE	Х	4. RACE		5. DATE		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER
9	MALE	2 T 85	WHITE	4/	718/1907/ 18/19	75	YRS.	NIMS! DAYS	HOURS
900	IRTHPLACE (STATE OR FORE		OF WHAT COUNTRY?	MARRIE WIDOWI	ED DIVORCED	9 BALTIMORE CITY O BALTIMORE		FDEATH	
	ITY OR TOWN OF DEATH	(IF NOT	E OF HOSPITAL, NURSIN TIN SUCH FACILITY, GIVE STREET IMORE CITY H	ADDRESS		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF PAINTER	F WORKING LIFE)	126. KIND O INDUSTRY STEEL	
13a.	ALRESIDENCE (IF NURSING STATE ARYLAND		TUTION GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3405 McSHA			222
†4 F	ATHER'S NAME FIRST  ANTHONY	GERARD	Durmowi DURMOWI		15. MOTHER'S MAIDEN NAME FIRST ANTOINETTE	ME		UNKNO	
160	WAS DECEASED EVER IN I IVES NO OR UNKNOWN) (I	U.S. ARMED FORC IF YES. GIVE WAR OR DA			MARY L. DURME	ADDRE ER Same	as 13e		
	Conditions, if ony, will gove rise to immed couse (o), stating	MEDIATE CAUSE (  DUE 1  hich (  liote )	(a) and (b) one  (b) AF CONSEQUE  TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE	PUCE OF	arest			BETWEEN	MATE INTERV ONSET AND D
ICATION	Conditions, if only, will gove rise to immed cause (a), stating underlying couse	MEDIATE CAUSE (  DUE 1  hich (  the lost) (  CANT CONDITION	(o) and o TO, OR AS A CONSEQUE (b) At Low TO, OR AS A CONSEQUE (c)	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI 200. AUTOPSY?	DITION GIVEN  20b. IF YES, V IIN CERTIFY II	I IN PART 1:0	NGS USED
CERTIFICATION	Conditions, if ony, wigove rise to immed couse (o), stating underlying couse	MEDIATE CAUSE (  DUE 1  hich liote the lost.  CANT CONDITION  VING 196 C	TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  (c)  NS CONTRIBUTING TO E  CONDITION FOR WHICH	ENCE OF	on was performed	20a AUTOPSY?  YES NO	20h IF YES, V IN CERTIFYII YES	VERE FINDING CAUSES	NGS USED
AL CERTIFICATION	Conditions, if ony, will gove rise to immed couse (o), stating underlying couse IPART 2 OTHER SIGNIFI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	MEDIATE CAUSE (  DUE 1  hich   liote   the   DUE 1  CANT CONDITION  VING   216, T1  SE OF DEATH   HOL	TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  (c)  NS CONTRIBUTING TO E  CONDITION FOR WHICH	ENCE OF		20a AUTOPSY?  YES NO	20h IF YES, V IN CERTIFYII YES	VERE FINDING CAUSES	NGS USED OF DEATH
MEDICAL CERTIFICATION	Conditions, if ony, wigove rise to immed couse (o), stating underlying couse IPART 2 OTHER SIGNIFI	MEDIATE CAUSE ( DUE 1 hich liote the OUE 1 CANT CONDITION  YING 196 C  YING 1216, TI SE OF DEATH EXAMINER)  216, PI LIA HOL LI	TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  TO, OR AS A CONSEQUE  (c)  NS CONTRIBUTING TO E  CONDITION FOR WHICH	DEATH BUT	on was performed	20a AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFY!! YES   RY IN 11EM 18 PART	VERE FINDING CAUSES	IGS USED OF DEATH
	PART I. DEATH WAS  Conditions, if ony, will gove rise to immed couse (a), stating underlying couse    PART 2 OTHER SIGNIFI  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICALE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK (1) (we) (did) sow the deceosed oobove, (h) (we) (did)	CAUSED BY- MEDIATE CAUSE ( DUE 1 hich liote the DUE 1 CANT CONDITION  YING   21b, TI SE OF DEATH HOL EXAMINER)  21e PI (AT HO Is hospital) attend	TO, OR AS A CONSEQUE  (b) AFF  TO, OR AS A CONSEQUE  (c) NS CONTRIBUTING TO E  CONDITION FOR WHICH  IME OF INJURY  JR A.M. MONTH DA  P.M.  LACE OF INJURY  OME STREET, FACTORY, OFFICE, F.  Ided the deceosed from  19	OPERATION  ARM, ETC.)	21c HOW INJURY OCCURS 21f LOCATION STREET 21d that in (my) (our) opinion of	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO	20b. IF YES, VIN CERTIFY IN YES THE TENTH OF	VERE FINDING CAUSES  1 OR PART 2)  COUNTY	IGS USED OF DEATH NO
	Conditions, if ony, will gove rise to immed couse (a), stoting underlying couse I  PART 2 OTHER SIGNIFI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLY  OR CONTRIBUTING CAUS  (IF EITHER NOTIFY MEDICALE  AT WORK NOTIFY AND WHILE AT WORK  22a.1 certify that (1) (this sow the deceased a shove, (1) (we) (did)  22b. SIGNATURE	CAUSED BY.  MEDIATE CAUSE (  DUE 1  hich liote the lost.  CANT CONDITION  YING   21b, TI SE OF DEATH HOLE EXAMINER)  21e PL (AT HO  LIST hospital) offend dive on 2  (did not) view the	TO, OR AS A CONSEQUE  (b) AFF  TO, OR AS A CONSEQUE  (c) NS CONTRIBUTING TO E  CONDITION FOR WHICH  IME OF INJURY  JR A.M. MONTH DA  P.M.  LACE OF INJURY  OME STREET, FACTORY, OFFICE, F.  Ided the deceosed from  19	OPERATION  ARM, ETC.)	216 HOW INJURY OCCURE 211 LOCATION STREET 211 LOCATION STREET 212 Ad that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO	20b. IF YES, VIN CERTIFYIN YES RY IN (1EM 18 PART) WN 49 pte and hour o	VERE FINDING CAUSES  1 OR PART 2)  COUNTY	OS USED OF DEATH NO
MEDICAL	PART I. DEATH WAS  Conditions, if ony, will gove rise to immed couse (a), stating underlying couse    PART 2 OTHER SIGNIFI  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTHY MEDICALE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK (1) (we) (did) sow the deceosed oobove, (h) (we) (did)	CAUSED BY.  MEDIATE CAUSE (  DUE 1  hich liote the lost.  CANT CONDITION  YING 196 C  YING 196 C  YING 176 PRINT)  CITYPOR PRINT)  CAUSED BY.  MEDIATE CAUSE (  DUE 1  HOLE TAIL AND TO THE COMMENT OF THE CAUSE OF T	TO, OR AS A CONSEQUE  (b) At.  TO, OR AS A CONSEQUE  (c) INS CONTRIBUTING TO E  CONDITION FOR WHICH  IME OF INJURY  JR A.M. MONTH DA  P.M.  LACE OF INJURY  OME STREET, FACTORY, OFFICE, F.  ded the deceosed from  20  body ofter deoth.	OPERATION  ARM, ETC.)	21c HOW INJURY OCCURR 21f LOCATION STREET 3 19 8 ad that in (my) (our) opinion of DEGREE ATTENDING	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  deoth occurred on the do	20b. IF YES, VIN CERTIFYIN YES RY IN (1EM 18 PART) WN 49 pte and hour o	VERE FINDING CAUSES  COUNTY  COUNTY  1 224 DATE	OF DEATH NO

Tipli  TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 retained by the hospital or attending physician.

should be detached for use as the burial-transit permit. Then please remove carbonopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the

# page 3 difector hours off and completely filled in by the fune

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

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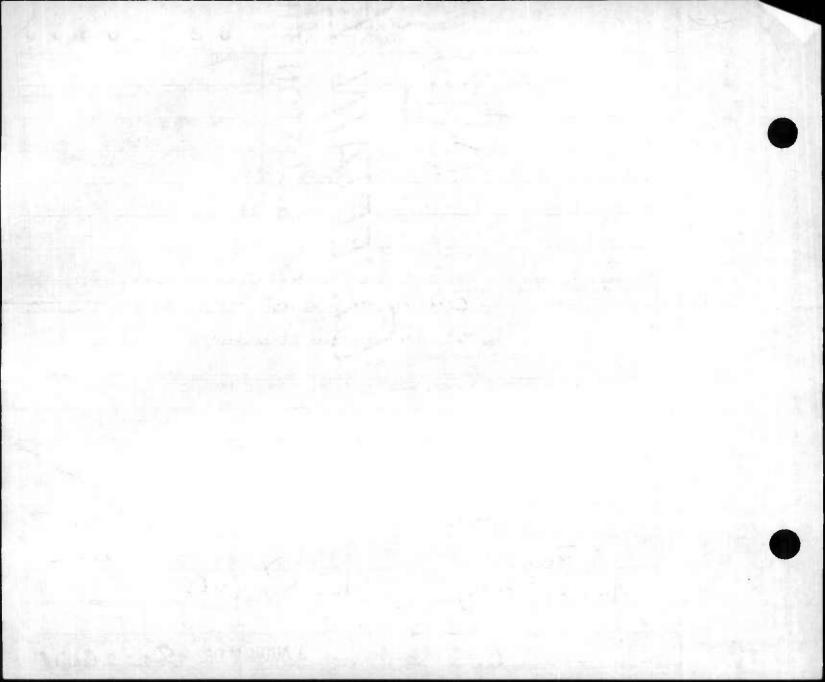
REGISTRAR		CERTIFICAT	IL OF DEATH	REG. N	0.		-
DECEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
Jose	eph	(Bysor	) Dyson		8 25	82	,
. SEX	4 RACE	5. DATE OF BIR	TH	6 AGE (IN YEARS LAST BI	RTHDAY) IF U	NDER I YEAR IF	UNDER 24 HRS
Male	Black	1 1	5 20	6	2 YRS	THS DAYS . HC	DURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED X	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	
Maryland	USA	WIDOWED	DIVORCED [	Baltimor	e City	,	M
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		HER INSTITUTION	120 USUAL OCCUPAT		126. KIND OF BU	JSINESS OR
Baltimore	1107 N. Str	cicker S	treet			NO OSTRI	
JSUAL RESIDENCE (IF NURSING HON 30. STATE 136 CO	DUNTY 134. CITY OR TO		NSIDE CITY LIMITS?	13e STREET ADDRESS			
Maryland	Baltim				Sricke	r Stre	et
FATHER'S NAME	MIDDLE LAST	15 M	OTHER'S MAIDEN N	NAME			
Albert	Dysor	ı	Elizab	eth		Broc	oks
WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 IN	NFORMANT	ADDR	ESS		
Yes	214-12-	-2556					
18 CAUSE OF DEATH (Ente	r only one couse per line for (o), (b), o	nd (C)				APPROXIMATE BETWEEN ONSE	E INTERVAL
PART I. DEATH WAS CA		respirator	ry Arres	t			
1629		-	1				
Conditions, if ony, which	DUE TO, OR AS A CONSEQU	CENDETCI	enf	11.01400			
gove rise to immediate	)		MBMA OI	The Lawry.			
cause (a), stating the underlying cause lost		JENCE OF		, i			
PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	DELATED TO THE TEL	DANNIAL DISEASE OR COL	DITION CIVEN	DADT 1	
The state of the s	TOTAL TOTAL CONTRIBUTION TO	DEATH BUT NOT	TELATED TO THE TER	RMIN AL DISEASE OR CON	DITION GIVEN I	N PAKI IIO	
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	H OPERATION WA	S PERFORMED	20a AUTOPSY?	206 IF YES, W	ERE FINDINGS	LISED
É				VEC USE	IN CERTIFYING	G CAUSES OF	DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	210	HOW INJURY OCCI	JRRED (ENTER NATURE OF INJU	YES [	-	10 🗌
00.000.000.000.00		AY YEAR		SHALD (ENTER INATORE OF INTE	KI III III II I I AKI I	OK PART 2)	
(IF EITHER NOTIFY MEDICAL EXAM	P.M. 21e PLACE OF INJURY	19	LOCATION				
WHILE ON NOT WHILE O	THE PLACE OF INJURY		STREET	CITY OR TO	WN	COUNTY	STATE
AT WORK AT WORK							
sow the deceosed olive	ospital) attended the deceased from.		, 19	, to			(I) (we) lost
obove, (I) (we) (did) (did	not) view the body offer death.			on death occurred on the d			
A T	a. MD	DEGRE	ATTENDING	MEDICAL STA	FF	4 25 S	NED Z
22d PHYSICIAN'S NAME III	HE ONNIHIT)	22e	PHYSICIAN ADDRESS	DIRECTOR   PHYSIC	.IAN [_]	01-110	
Anthon	Foons	1	Luiv. Hos	so (Md)			
BO BURIAL, CREMATION, REMOV		NAME OF CEMETE	ERY OR CREMATORY				
(SPECIFY)	9/21/02 M		Can Com	CITY OR TOWN		YINU	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

ADDRESS E. North Avenue Wm. C. March F/H 1101 E.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 27 1982



O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofte

attending physicio

etoined by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshoulded for use as the buriot-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or Item 18 Town any injury, or ather troumatic event, the medical

rol director, page 172 hours after death

filled

ond completely

	STATE OF MA	R١

<sup>74 FUNERAL DIRECTOR</sup>Loring Byers Funeral Directors, Inc. 15 8728 Liberty Road Randallstown, Maryland 21133

LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250. DATE REC'D. BY REGISTRAR 256. PEGISTRAR'S SIGNATURE

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		FOR STATE REGISTRAR			DEPART		EALTH AND I	MENTAL HYG DEATH	IENE 8 2	2	0	3 3	4	4
	I. DEC	EASED NAME	FIRST	1	MIDOLE	L)	AST			MONTH	DAY YE	AR 2b.	HOUR	3
1	(TIPE C	OR PRINT)	Arthur	•	Cassell	E	arp			8	5 19	82		M
	3 SEX	7.	1	RACE		5 DATE O		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I		URS	MIN
		Male		Whit	e	8	23	1898	83	YRS.	11	13	UKS	WIIN
	CO	THPLACE (STATE OR FO	OREIGN 7		WHAT COUNTRY	? 8 MARRIEI	NEVER /	MARRIED [	9 BALTIMORE CITY O	R COUNT	Y OF DEAT	Н		
1		Maryland		U.S.		WIDOWE	D DI	VORCED [	Baltimo					MD.
-		y or town of DEA Saltimore,	4000	(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREE German	T ADDRESS)			126 USUAL OCCUPATION IN THE STATE OF WORK FOR MOST OF REtired Mat	F WORKING	LIFE) INDUS			
	13a. S1	LRESIDENCE (IF NURS TATE Y Land	13b COUN Balto	TY	GIVE RESIDENCE BEFO 130. CITY OR TON Baltin	WN	13d. INSIDE C	NO 🗌	130 STREET ADDRESS 2418 D Wel	lbric	dge Dr	·. 2	123	34
A	14 FA1	THER'S NAME FIRST Charles		ssell	Earp			s maiden nam Eartha	WE		М	arsd	en	
			IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SOCIAL SEC 216-05-	URITY NO.	17 INFORMA	Athol A	al German A Avenue Balto	ged I	People 212	29 Ho	me	
		RATION IN CONTRACT OF THE PART I. DEATH W  Conditions, if any, gove rise to imm cause (a), stating underlying cause	which nediate ig the	DUE TO, O	PAS A CONSEQUE PAS A CONSEQUE PAS A CONSEQUE PAS A CONSEQUE	JENCE OF	ansk	galory	pailu nea	huo	int	dasi	tes	0.1.
	NO	PART 2. OTHER SIGN	NIFICANT C	ONDITIONS CO	-d	DEATH BUT	NOTREME	TO THE TERM	INAL DISEASE OR ESTU	DITION G	IVEN IN PAI	RT 1(a)		
2	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?  YES NO P	#N CERT	ES, WERE FI IFYING CA YES []	USES OF	USED DEATI	H?
Ī	CAL	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT ALEXAMINER)	Ρ.	M. MONTH [ M.	DAY YEAR			RED (ENTER NATURE OF INJUR	EY IN ITEM 18	, PART 1 OR PAR	¢T 2)		
	MED	21d. INJURY OCCURI WHILE NOT WI AT WORK AT WO	HILE [	(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	, FARM, ETC.)	21f LOCATION STREET	ON OA	CITY OR TOV	٧N	COUNT	2	STA	ATE
		22a. <b>I certify</b> that (I) saw the decease above, (I) (we) (c	ed olive on_	2 (11	19	32 · an	od that in (my)	(our) opinion o	deoth occurred an the d	ond ho			es sta	ve) last ted
		MILLEO TRE PHYSICIAN'S NO.	AME ITIM CA	9.0	Bryso	n	MO)	ATTENDING PHYSICIAN	DIRECTOR   STAP		3	any	28	2
		William	J. Bi	yson, I			577	5 Westv	iew Mall, B	altim	ore, I	Md/2	122	18
		URIAL, CREMATION, PECIFY) Ramaaa7	REMOVAL	23b. DATE 8-7-8			emetery or one		Woodlawn	Balt	imore	Mari	ta	nd

DHMH - 16 50M 1/76 (VR A 15 (4))

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DHMH - 16 50M 7/77 (VR A 15 (4)) FOR - STATE

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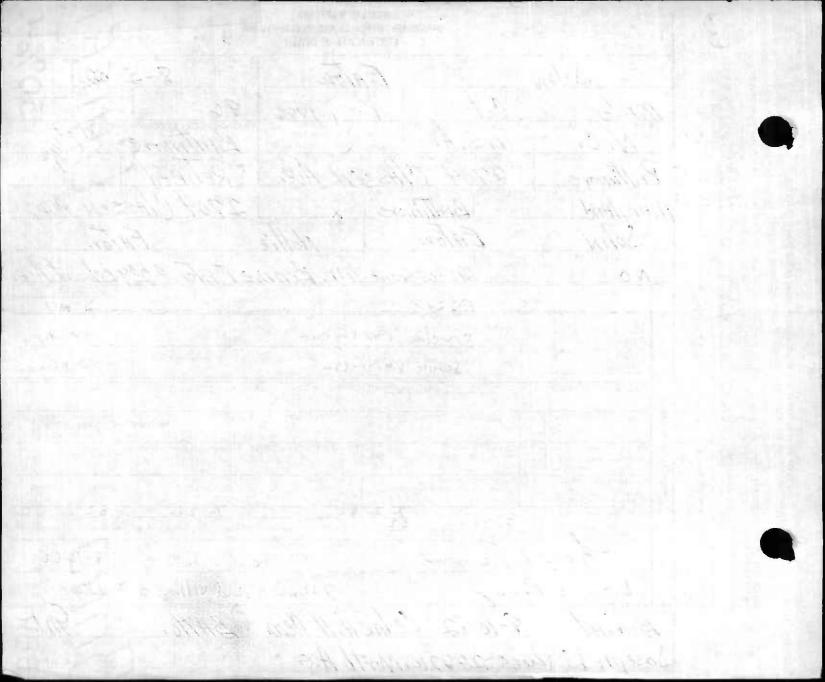
ν <del>4</del> ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο	1. DE	CEASED NAME FIRST	WIDDLE	-	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
death death	3. SE	× JONN	RACE	5 DATE C	A OW	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNI	DER 1 YEAR OF UNDER 24 1
eral director, 72 Fours offe	1	MAle	Col -	MONTH	1-1886	96	YRS.	S OAYS HOURS M
thin 72 hou	7a. B	IRTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	RY? & MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF D	EATHY -
rifed within	111.5	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUI	RSING HOME C		120. USUAL OCCUPATA	ON 12 WORKING LINE) IN	NO OF POSINESS ON DUSTRY
200	ÚSÚ USÚ	AL RESIDENCE (IF NURSING HOME OF O'STATE 136. COUNT'			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1/200	1 1/4
35	14. F.	ATHER NAM	BALL	more	YES NO 1		11422	EN MUE,
TOU.	1	JOHN	EA/on	)	Ikellie	MIDDLE	EAL	on
oval.		WAS DECEASED EVER IN U.S. ARMI YES, NOOR UNKNOWN) (IF YES, GIVE W		5-0127A	Mr. Benn	TIE FATON	32391	Belmont Ac
event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY. AICU				-	BETWEEN ONSET AND DEAT
er troumotic ev		4292 Conditions, if any, which	DUE TO, OR AS A CONSE		rehy mila		3-1	month
other		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS CONSE		,	12 11 11		Yem
injury, or	Z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(a)
shows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH?
Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	OR PART 2)
ked or It	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		21f LOCATION STREET	CITY OR TOV	N CO	OUNTY STATE
21 is mor		22a I certify that (1) (this haspital sow the deceased alive an	7-22-	67	nd that in (my) (our) opinion	, to 7- 22.	, 19 ate and hour and	82, that (I) (we) I from the causes stoted
I. If Hem	â	obove, (I) (we) (J/d) (did not)	Rewithe body offer death.		DEGREE  ATTENDING PHYSICIAN (	MEDICAL STAI	F	220. DATE SIGNED
with the State		22d. PHYSICIAN'S NAME (TYPE ORD	gint) Enny		22e. ADDRESS	1 Murch VIII	A10 519	ull Ky
with the S	23a.	BURIAL, CREMATION, REMOVAL	236 DATE 2	23c phome of C	EMETERY OR CREMATORY	23d. LOCATION	COUN	1

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

25a. DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE



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	DINOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death house by the houseful or attending objections.
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.6	STATE OF MARYLAND  1 - STATE 9-10-82 cn  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  LAST  LAST  1. DECEASED NAME FIRST MIDDLE MIDLE MIDDLE MI											
4 may be		ROSA	A. EA-			ON		8 11 82	YEAR FUNDER SAMES			
death. Page	1	RTHPLACE (STATE OR FOREIGN COUNTRY)  VORTH CARKLINA	76 CITIZEN OF WHA		? 8. MARRIEI WIDOWE	08 98  DI NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH	ity MD.			
in by the be filed with be hostified	L UoU	ITY OR TOWN OF DEATH  SALTIMO AE  AL RESIDENCE (IF NURSING HOME OF	(IF NOT IN SUCH FA	RESIDENCE BEFOR	T ADDRESS)/  COLORE ADMISSION)	ROTHER INSTITUTION	170 USUAL OCCUPATION OF TYPE OF WORK FOR MOST OF		F BUSINESS OR			
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g physici an paper remaval.		18 CAUSE OF DEATH IEnter of PART 1. DEATH WAS CAUSE 2502 IMMEDIA	TE CAUSE (0)	CAR	DIOPUI	MONARY ARR	EST	APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH			
, that the death co d by the attendin lease remove corb iol, cremation are or other troumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS  (b)  DUE TO, OR AS	Deat	dratio	Teach	Coma					
requires to signed to the buric	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
N: The low sysicion. cate hos but and sperming permit Hygiene pr. Hygiene pr.	CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		No.	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO RRED (ENTER NATURE OF INJURY	IN CERTIFYING CAUSES  YES				
or attending physical activities and activities and activities of the burial-transition of them 18 marked or Item 18 marked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMIN)  21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M.	NJURY	19	211 LOCATION STREET	CITY OR TOW		STATE			
ATTEN aspital ECTOR: d for us t. of He m 21 is		220 I certify that (I) (this hasp sow the deceased flive o above. (I) (we) (ald) (did n 22b. SIGNATURE	- 1 -			d that in (my) (our) opinion	deoth occurred on the dot	19 8 2 le and hour and from the				
TO HOSPITAL OR retoined by the hit TO FUNERAL DIRE Should be detoched with the Stote Dep IMPORTANT: If the		22d. PHYSICIAN'S NAME (JYPE	Resurge OR PRINT)	11)	8	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF	0/1	1/87			
BP————————————————————————————————————	(	URIAL, CREMATION, REMOVA Burial	23b. DATE 8/15/82	23ε.	NAME OF C	MERCY  METERY OR CREMATORY  Cem.	POSPITAL  23d LOCATION  CITY OR LOWN  Littleto	n, N.C.	STATE			
DHMH-1650M 1/81 (VRA 15, 4) 186		Win C March F/H	1101	e. Nor	th Ave	. PAC	G 13 1982 TRARIZ	b RECISTRAR'S IGNO	aug			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, retained by the hospital or attending physician.

DHMH - 16 50M 4. (VRA 15, 4)

						SIAI	E UF MAKTLAND					
	FOR STATE REGISTRAR				PARTM		EALTH AND MENTAL I		REG.		2 0	3 3
	CEASED NAME	FIRST		MIDDLE		ſ	AST	2a.	DATE OF DEATH		DAY YEAR	26. HOUR
(	$J_{\ell}$	IMES	ANT	<b>THONY</b>		ED	GES		9	8 25	82	11:56P
3. SE	х		4. RACE			5. DATE C	OF BIRTH	6. A	GE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
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7a. B	IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COL	INTRY?	8. MARRIE	NEVER MARRIED	9. B	ALTIMORE CITY		OF DEATH	
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	ITY OR TOWN OF DEA	TH					ION MEDICAL	CENT	USUAL OCCUPA PEOF WORK FOR MOS TER	TION TOF WORKING LIFE	12b. KIND ( INDUSTRY	OF BUSINESS O
USU 13a.	al RESIDENCE (# NURS STATE aryland	136 COUN	OTHER INSTITUTION.		CE BEFORE A	IDMISSION)	134 INSIDE CITY LIMITS		STREET ADDRES			nue
	ATHER'S NAME			Parc	111101		15. MOTHER'S MAIDEN					
17.1	James	31.	MIDDLE	Eď	ges.		Mary		WIDDLE		Robi	îhson
160.	WAS DECEASED EVER		MED FORCES?	16b. SOC1/			17. INFORMANT			RESS		
	Yes	(11 120, 011		215 3	30 84	160	Gladys Ed	dges	802 N	. Milt	ion Av	/enue
	18 CAUSE OF DEAT	H (Enter on	ly ane cause per	line for (o)	, (b1, ond	(c1.)					BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PER DUATEN  AVEST											
	11-70	IMMEDIA	TE CAUSE (a)	new	DVIII	ivny	unita				1 10 10	
	1001		DUE TO, O				l-					
	Conditions, if ony,		(d)	CEV	roll	io	arrest					
	gave rise to immediate cause (a), stating the DUFTO OR AS A CONSEQUENCE OF											
	couse (b), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF LUMB Cancer										0	
	DIDIO OTHER CIO	DELC ANT	(0)				NOT RELATED TO THE T		DISSESS OF SE	ND ITION CIV	(CALIBLE ART 1	
z			LONDITIONS CO	ONTRIBUTI	NG IO D	EAIN BUI	NOT RELATED TO THE T	ERMINAL	L DISEASE OR CO	NUTTON GIVE	EN IN PART I	110.
10	norue		Tue com				ALLIA DEDECIDA ED	- 1	ALLTORSY3	TOOL IE VEC	S, WERE FIND	ANICS USED
CA	19a. DATE OF OPERA	ION	196. COND	ITION FOR	WHICH	PERATIO	N WAS PERFORMED	1	200 AUTOPSY?			ES OF DEATH?
TE									YES NO	YE	S 🗌	NO [
CERTIFICATION	210. ACCIDENT WAS UNE	_	216. TIME C		TII	V VE	21c. HOW INJURY OCC	CURRED	ENTER NATURE OF	JURY IN ITEM 18 P	ART 1 OR PART 2)	
	OR CONTRIBUTING		210	M. MON	IH DA							
MEDICAL	(IF EITHER, NOTIFY MEDICALLY OCCUR!		21e. PLACE	M, OF IN ILIPY		19	211 LOCATION					
MEC	WHILE NOT WE AT WORK	ILE 🗇	(AT HOME, STI	REET, FACTORY,	, OFFICE, FA	RM, ETC )	STREET		CITY OF	TOWN	COUNTY	STATE
	22a.1 certify that N		(a=1) = 44== d=d + 45		1 1 1	MGHS	T 19. 19 8	7	to AUGUS	T 25.	19 82	that XII (we) Ic
	saw the decease	d alive an	AUGUST	25.	1982		nd that in (ngy) (aur) apin					
	abave, M (we) (	lid) (tylingt nyc	view the bady	after death				non deon	n occorred on me	doic ond noo.		
	226 SIGNATURE	1	, 4		10	1	DEGREE		enter.		22c. DAT	E SIGNED
	Jours	· ja	. Dox	all	M	()	ATTENDIN	N DI	RECTOR PHY	SICIANVV	8/2/	6/82
	224 PHYSICIAN'S NA	AME (TYPE C	OR PRINT)	1			22e ADDRESS			747	10/21	31 02
	Toon	D	1 an	OPV								
	Jour	シ.	Lone	ger			13900 Loch			Balto	Md 2	21218
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	0	23c. N	AME OF C	EMETERY OR CREMATO	RY 2	23d. LOCATION		COUNTY	STATE
	BURTAL		8/3	1/82	MA	77.	toran Cem		Crown		COUNIT	
24 F	UNERAL DIRECTOR		1 0/3	1/5/	INO	VE			C/9. PY REGISTA		RAR'S SIGNA	ATURE ATURE
6 T. I	NAME			Al	DDRESS		230.	AUG	27 1982	In C.	7	Calina
V	Im C Mar	ch F	/IJ 110	1 13	NT	4-1- 7				1000	~	much

## STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPAR		EALTH AND	MENTAL HYG DEATH	SIENE 8	REG. NO.	2	0 3	3	9
	CEASED NAME	FIRST	N	AIDDLE	L	AST		2a. DATE OF D	EATH MONTH	DAY	YEAR	2b. HOU	R
(TYPE	OR PRINT)	JOSE	PH	R	E	DWARDS			8_	26	82	7:03	M Gi
3. SE	×		RACE		5. DATE O		W5 4 B		RS LAST BIRTHDAY)	MONTH MONTH	DER I YEAR	HOURS	24 HRS.
Ma I	0	37.4	Blac	:k	<b>ДР</b> ИТН	1944	23 <sup>AR</sup>	59	Y	RS.			
7а. ВІ Ох 1	RTHPLACE (STATE OR COUNTRY) N. Co	FOREIGN 76	CITIZEN OF V	WHAT COUNTR	Y? 8. MARRIEI WIDOWE	DX NEVER	MARRIED -		ECITY <u>OR</u> COL TIMORE		DEATH		MD.
10. C	ITY OR TOWN OF DEA	ATH 11		HOSPITAL, NURS	SING HOME O		NOITUTION	12a. USUAL O		11	2b. KIND C NDUSTRY	F BUSINE	SSOR
	ALTIMORE			900 LOCH		BLVD	21218	<u></u>					
	AL RESIDENCE (IF NURS	13b. COUNT		GIVE RESIDENCE BEF 136. CITY OR TO Balto.		13d, INSIDE (	CITY LIMITS?	13e. STREET AL	odress oblar Te	errac	:e		
١.	ATHER'S NAME FIRST	MI	DDLE	Edwards		15. MOTHER Lula	'S MAIDEN NA FIRST	ME	WIDDLE		LA	ST	
	VAS DECEASED EVER	IN U.S. ARM	D FORCES?	166. SOCIAL SE		17. INFORM	ANT		ADDRESS				
	YES NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	237 22	4466	Susia	Edwards	s 2916 I	Poplar	Terra	ce		
-	18. CAUSE OF DEAT	H (Enter enter	200 (2110 021			100316	Lawar a.	5_2/10	Opidi	I	APPROX	IMATE INTER	VAL
	PART I. DEATH V	AS CAUSED	BY:		MONA	nr.	HEM	HARRO.	AGE		1,	DAY	-
	Conditions, if ony gove rise to im cause (a), statis underlying cause	mediate ng the last.	DUE TO, OI  (b)  DUE TO, OI  (c)	r as a consec	OUENCE OF			ERTEN					
NO	PART 2. OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATE	D TO THE TERM	AIN AL DISEASE	OR CONDITION	N GIVEN I	N PART 1	a,	
CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERF	ORMED	20a AUTO		IF YES, WI ERTIFYING YES			TH?
	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEATH		DE INJURY M. MONTH M.	DAY YEAR			RRED (ENTER NATI	ure of injury in ite	EM 18 PART I	OR PART 2)		
MEDICAL	21d. INJURY OCCUR	HILE [	218. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFI	CE. FARM, ETC )	211. LOCAT			CITY OR TOWN		COUNTY		STATE
	22a. I certify that (I				8271400		, 19 <u>82</u> ((our) opinian	death accurred		9		that (1) (e causes st	
		m	anc C	trum	MD			MEDICAL DIRECTOR	STAFF PHYSICIAN		81.	الماح	32
	22d. PHYSICIAN'S N	AME (TYPE OR	PRINT) DKUP	J, MD		22e. ADDRE		RAVEN		1218			
23a.	BURIAL, CREMATION	, REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OF	CREMATORY	23d. LOCA	TION DR TOWN	ce	YTAUC		STATE
1	(SPECIFY) Burial		8/30/8	82 CF	ROWNSVI	LLE VE	T. CEM.		NSVILLE				1

DHMH - 16 50M 4/B2 (VRA 15, 4)

AMPORTANT, If hem 21 is marked or should be defoched for use on with the State Dept. of Health

24 FUNERAL DIRECTOR LEROY D. DYETT 4600 LIBERTY HOTS. AVE.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201			E .
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11	1	VO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pr	
1 110	11	LB	P
/ 10	-	THE PERSON NAMED IN	e 1 . u

	it	em 1,8 #G570 8/	20/82 ph	STATE OF MARYLAND		
7	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 REG. NO	2034
-96./		CEASED NAME FIRST OR PRINT) Dereth	MIDDLE	P LAST		ONTH DAY YEAR 26 HOUR
XEX	1.56		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR & UNDER 2 I
W.		Female	Black	MONTH DAY YEAR 3	58	MONTHS DAYS HOURS M
16	70 B!	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH
by the to	10. C1	alta.	(IF NOT IN SUCH EACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
Pag 35	13e. 5	RESIDENCE (IF NURSING HOME OR 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		130 STREET ADDRESS	ontson Ave.
and 2 a	THE FA	THER'S NAME	MIDDLE GHAN	15. MOTHER'S MAIDEN NO Hattie	BASS MIDDLE	LAST
Pages		AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES)		ADDRES	S
wed by the attending places combons places remove combons until cremption, or remove companies, or other traumans ever		Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	utiple my	relove	
has been sign permit. Then ene prior to b	CERTIFICATION	90 DATE OF OPERATION		OPERATION WAS PERFORMED	ZOm AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
of fronti portion in 18 short		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	YES NO RED (ENTER NATURE OF INJURY	YES NO
s the burn t and Mer ked or is	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.)	211, LOCATION	CITY OR TOW	COUNTY STATE
for use of of Health		22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	tol) ottended the deceased from	and that in (my) (aur) opinian	death occurred an the date	e and haur and from the causes stated
RAL DIREC detoched fote Dept.		27b. SIGNATURE	tilum	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIA	
Model he det		27d. PHYSICIAN'S NAME III II O	60 BREM	210 APPORESS		
	E	IRIAL, CREMATION, REMOVAL	8-17-82 H	NAME OF CEMETERY OR CREMATORY  THUS	DOLL	MOUNTY STATE
16 50M 1/81 RA 15, 4)	2 DFC	NERAL DIRECTOR	Cg & 2700	Echnandon AU	G 1 3 1982	REGISTRAR'S SIGNATURE

THE PROPERTY OF THE PARTY OF TH The second state of the CLES SITTLE FILE OF MENTER

	1	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 2	0 3 4 1
		1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
			ILLIAM B.	ELLIOTT	August 10, 19	82 2001
1		3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
L		Male	White	Feb. 24, 1907	75 YRS.	
3	35	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED MOVED NOT DIVORCED	Baltimore C	
1	01	0. CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1	10	Baltimore	8 Charles Plaz	ADDRESS) Za Apt. 2403	Exec. Sec	Md. Bankers
d	33	PUSUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JUNTY 136. CITY OR TOW Baltimo	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 8 Charles Pla	Assoc.
1	De	14. FATHER'S NAME FIRST Joseph	MIDDLE LAST ELL	iott Mary	Ann	Tress
I. the medical	/	No	215 05 2	2378 Doris Zimn	nerman, Balto.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
il, cremation, ar remava		PART I. DEATH WAS CAU  IMMEDI  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	Thansiti  Thansiti  Due to, or as a conseque  (b)  Due to, or as a conseque  (c)		a left kidney	1½ years
to burio		Z	CONDITIONS CONTRIBUTING TO S	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	IVEN IN PART 1101
ene prior	2	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
ental Hygiene prior	1	00.000.000.000.000	DEATH HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I OR PART 2)
W puo		OKCONTRIBUTING CAUSE OF T	21e PLACE OF INJURY ( AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
Health I		220.1 certify that (1) (this has	pital) attanded the deceased from	82 , and that in (my) (our) apinion	death occurred on the date and he	, 19, that (I) (we) last

TO FUNERAL DIRECTOR: should be detached for with the State Dept. of H saw the deceased alive on above, (I) (we) (did) (did not) view the bady after death MPORTANT: If Hem 21 SIGNATURE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

W. H. Townshend, M.

Eager St., Balto.,

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment 23b. DATE 8/13/82

231. NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum

DEGREE

23d LOCATION
CITY OF TOWN
Balto.

MD BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

W. Jenkins & Sons Co. Balto., Md. 21212 4905 York Road

Link the second of the second white Harrison 1907 Ave. City and hitles -7 Y.1 TreSt 1 1. Apt. 2408 Exec. Settle NO. Flash and Faltic ore x 8 Oraclos Plaza T. In Elliott Nury CHE OS 2879 Loris Timber un, Balto., MD Dr. W. M. Swinshend, M. D. 14 E. Eager St., Edto., MD Escapelar de 18 28 de constina Mausolaum Batto., .comme & erimet . . . . . . WEUR York Foul Balto., No. 21248 U

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEATH	REG. 1	10.		
	CEASED NAME	FIRST	~	IDDLE	.105	AST	DOT	20. DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR
	HE	RBE	RT	F. E	NUE	LHA	1401	08 23	5/198	2	11-46 M
3. SE	X .	4. RA	ACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST B		IF UNDER TYEAR	HOURS MIN.
	Male		Ca	u.	7	10	1900	82			
	ETHPLACE ISTATE OR FO	REIGN 76 C	76 CITIZEN OF WHAT COUNTRY?			D MEVER	MARRIED -	9. BALTIMORE CITY			
>	Md.		U.S		WIDOWE	D D	IVORCED	BALTI		City	MD
16. CI	TY OR TOWN OF DEAT			OSPITAL, NURSIN		OR OTHER INS	MOITUTIT	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
	alto.			Charle		neral		Realtor		Re	tired
	AL RESIDENCE (IF NURSING TATE Md.	36 COUNTY	R INSTITUTION,	GIVE RESIDENCE BEFORE 131. CITY OR TOW Balto	N	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS 6425 G		Ave.	
14. FA	THER'S NAME FIRST	unknov		LAST		15. MOTHER	S MAIDEN NAM			LAS	51
160. V	VAS DECEASED EVER IN			16b. SOCIAL SECU	RITY NO.	17. INFORM	ANT	ADDI			
		( IF YES, GIVE WAR	OR DATES)	220-05-		Mary	· C En	gelhardt	6425	Clane	N==-
z	Conditions, if any, gove rise to imme cause (a), stating underlying cause	ediote the last.	DUE TO, OF	SEVEV R AS A CONSEQUE ONTRIBUTING TO D	NCE OF		Seas		NDITION GIV		o.
CERTIFICATION	190. DATE OF OPERATE	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY? YES NO 7	IN CERTIF	S, WERE FINDI	
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	YEAR	21c. HOW I	NJURY OCCURRI	ED (ENTER NATURE OF IN.	URY IN ITEM 18 P.	PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRE WHILE NOT WORK	E 🗇	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM_ETC )	211 LOCAT		CITY OR	OWN	COUNTY	STATE
	220.1 certify that (1) (1) saw the deceased above, (1) (we) (did 22b. SIGNATURE	d olive an		19		nd that in (my	ATTENDING	death occurred on the	AFF	r and from the	
	22d PHYSICIAN'S NAM	ME (TYPE OR PRIM	1			22e. ADDRE		Th CHAY!	CS GE	RE M	M21219

retained by the haspital

DHMH - 16 50M 4/82 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL | SPECIFY)
Burial 23b. DATE 8-26-82 23c. NAME OF CEMETERY OR CREMATORY Moreland. Cem.

23d. LOCATION CITY OF TOWN

Balto. Md.

24. FUNERAL DIRECTOR

FOR

page 3

physician and completely filled in B npapers. Pages I and 2 should be til

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

medical

injury, ar other traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shgws any

John C. Miller Inc. 6415 Belair Rd.

250 DATE REC'D. BY REGISTRAR 256.

Toucher Tourses assured in You Appellers of the company of the contract of th ter. Di contes discontinu dell'il di noti TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haumsteined by the haspital or attending physician.

should be detached for use as the burial-transit permit. Then please remave carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

with the State Dept. or never IMPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME,

any injury, ar ather traumatic event, the

and completely filled with

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1	-	FC ST RE	AT	
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Q	12
0	6-
	REG. NO.

0

	REGISTRAR								REG. NO.			
	CEASED NAME E OR PRINT)	FIRST M	ARY	AIDDLE E		LAST ENG	LING	2a. DATE O	FDEATH M	) HTMC	DAY YEAR	26 HOUR
	mr	RY	EL	IZABE	TH	ENGA	INS		8	2	482	830 pm
3. SE	X	4	RACE	1 .	S. DATE	OF BIRTH	YEAR	6 AGE (IN	YEARS LAST BIRTHE		AONTHS DATE	IF UNDER 24 HRS HOURS MIN.
	temale		WI	rite	5	14	0.3	-	79	YRS		MIN.
	IRTHPLACE (STATE OR FI	OREIGN 76	CITIZEN OF	WHAT COUNTRY	/? 8 MARRIE	D NEVERA	AARRIED -	9 BALTIMO	ORE CITY OR	COUNTY	OF DEATH	
1	MARYLAN	UD	U.S	.A.	WIDOW	_	VORCED [	BA	LTIMOR	E CIT	ΓY	MD.
10 C	ITY OR TOWN OF DEA	TH 11	(IF NOT IN SUC	HOSPITAL, NURS	ING HOME	OR OTHER INST	ITUTION		OCCUPATION			F BUSINESS OR
-	ALTIMORE			. AGNES		TAL			YER			ANDISING
5U 13a.	AL RESIDENCE (IF NURSE STATE	ING HOME OF OT	HER INSTITUTION	130 CITY OR TO		113d, INSIDE C	CZTIAALI VTI	13e. STREET	ADDRESS		CORPO	RATION
M	ARYLAND	HOWAI		ELKRI		YES [	NO X			ANT I	DRIVE,	21227
14. F.	ATHER'S NAME						MAIDENNAM					THE STATE OF
	HARRY	AA IL	DOLE	KUNNEC	KE		NNA		WIDDIE		DING	
	WAS DECEASED EVER		D FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMA	NT		ADDRESS			
	NO	(11 163, 0116 1	TAK OK OAIES)	578-05	-5750	CHARI	ES J. I	PULS	1020 L	EEDS	<b>AVENUE</b>	, 21229
	18 CAUSE OF DEATH	H (Enter only	ane cause per	line far (a), (b), c	and (c).	Λ	1/10	2 1.	Λ	1	APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W.	IMMEDIATE		Respiro	story	Hrre	2A 110	andria	re Try	ext	81:	24/82
	1200			R AS A CONSEQ	HENICLOS	1 1	1//				M	1
	Conditions, if ony,	which	-	Selece		. Wast	mulioti	in.	. >		1/2	0/82
	gave rise to imm	nediate	)	1		1			. 62	Sher	erest _	1 1
	underlying couse	last.	DUE TO, OF	AS A GONSTO	WENCE OF	ihi a	- With	Hura	he / &	Vic	hore /	2882.
	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISPA	E OR CONDI	ION GIV	EN IN PART 10	
O												
CAT	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	HOPERATIO	N WAS PERFO	RMED	20a AUT	OPSY?	Ob. IF YES	, WERE FINDIN	NGS USED
CERTIFICATION								YES 🗆	NO	N CERTIF	YING CAUSES	OF DEATH?
CER	21a. ACCIDENT WAS UND		216. TIME O			21¢ HOW IN	JURY OCCURR	RED (ENTER N.	ATURE OF INJURY I	N ITEM 18 PA	ART I OR PART 2)	
AL	OR CONTRIBUTING C		HOUR A./		DAY YEAR							
MEDICAL	21d INJURY OCCURR		21e. PLACE C	OF INJURY		21f LOCATIO	N					
W	WHILE NOT WHI	ILE	(AT HOME, STR	EET, FACTORY, OFFICE	E, FARM, ETC )	STREET			CITY OR TOWN		COUNTY	STATE
-	22a 1 certify that (1)		) attended the	deceased from	7/2	0	19 80	ta	8/2	+	10 82	that (I) (we) last
	saw the decease	d alive an	8/21		82,0	nd that in (my)	(our) opinion o	death accurre	ed an the date	and hour		
	abave, (1) (we) (d 27b, SIGNAT/18	id) (did not)	dem the body	after deathy		DEGREE					22c. DATE	SIGNED
4	For Few	E	m	-6		A PAN	TTENDING	MEDICAL	STAFF PHYSICIA	NIDA	8/2	1/82.
	THE PHYSICIAN'S NA	ME process	RINT)			22e ADDRES		_ DIRECTOR	LITTISICIA	· · ·	1	1
	EFEM	E.	Imo	Ke.		ST. A	GNES HO	OSPTTA	L. 900	S	CATON A	VENUE
	BURIAL, CREMATION, F	REMOVAL	236. DATE	230	NAME OF C	EMETERY OR C		23d. LOC.	ATION	5. (		
	BURIAL		08-27	-82	PARKWO	OD CEME	TERY		TIMORE	CITY	COUNTY MA	RYLAND

21229

4107 WILKENS AVE.

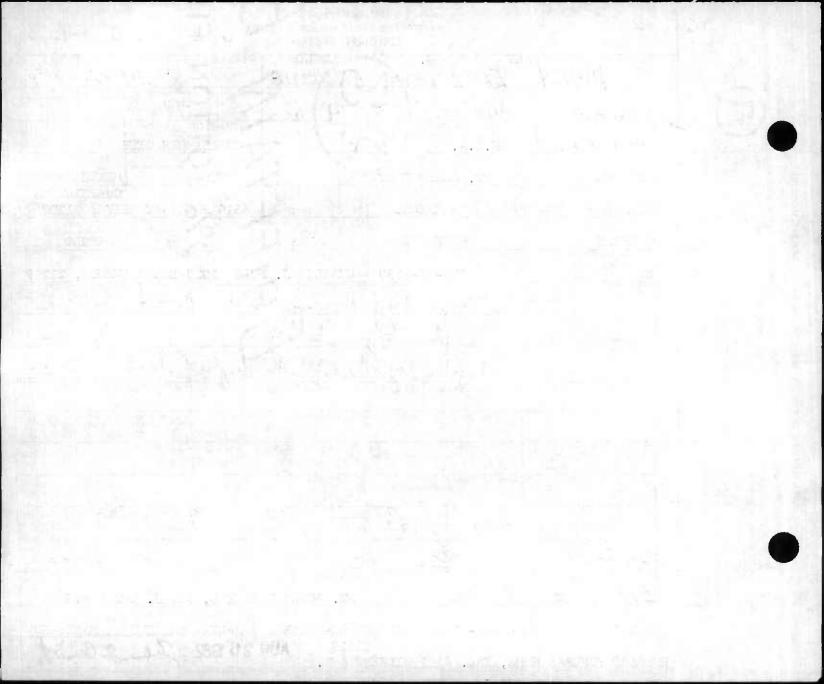
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0 1	۱ -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2034
		EASED NAME FIRST		WIDDIE	L	AST	20 DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
1	TYPE	Mar	y A	A .	Epe:	S	8/15/82	
3.	SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	
		Female	Black	2	MONTH	/13/12 YEAR	70	MONTHS DAYS HOURS A
7/70	BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR C	
21	Pe	nnsylvania	USA	A	WIDOWE		Balto	. City
10		y or town of DEATH Baltimore	11. NAME OF	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET 10 Ingle	ADDRESS)	Ave.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Retired	
5	SUA la S	L RESIDENCE (IF NURSING HOME OR ATE 13b. COUN	OTHER INSTITUTION	13 CITY OR TOW Balto	E ADMISSION)	13d. INSIDE CITY LIMITS? YES 77 NO [	13310 Ingle	eside Ave.
200	FA	HER'S NAME Eilk	MIDDLE B.	rown LAST		15 MOTHER'S MAIDEN NAM		
1 160		AS DECEASED EVER IN U.S. AR (IF YES, GIV	MED FORCES? E WAR OR DATES)			17 INFORMANT James A. E	ADDRESS pes 3310 Ir	nglesidge Ave
20	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, C	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	inal disease or conditi	ION GIVEN IN PART 1(0)
	N I I I	9a. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH! YES NO
		2 a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A	OF INJURY I.M. MONTH D I.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
MEDICAL	MED	WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY STAT
	1	22a. I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	8/1	A / A> 10			, to, to	ond hour and from the couses state
		226. SKT ATURE		0	M	ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	11 11
230	o. Bi	Myung H. Chi	ing, M.		NAME OF C	5670 The Ala	ameda, Balto.	, MD 21239
. L	(5	Burial	8/49			Hill Cem.	Brooklyr	A A Md. STAT
/B1 24		hame A. Ric	e FHPA	1300 Ess I	Euta <b>u</b>	JP1. 250- DAU	GI 7 1982	BOISTRAN'S SONA CREW

STATE OF MARYLAND

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#### STATE OF MARYLAND

1	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO	2 0	3 4 3
	I. DEC	CEASED NAME FIRST	mue		PSTEIN		-10-82	P 26 HOUR
	3. SEX	M ALE	RACE C	CUASIAN 5. DATE C	29 OI	6 AGE (IN YEARS LAST BIRT	YRS.	AYS HOURS MIN.
	C	MARYLAND	US	WIDOWE	DIVORCED		ORE CITY	MD.
1	BI	ALTIMORE	SIN NOT IN SUCI		PITAL	TAMASUTIRE OF AT IN	WORKING LIFE) INDUS	ID OF TO SUPESSOR TRY THERN HOTE!
5	13a. S	MARYLAND	HER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN BALTIMORE	YES XX NO 🗆		CREST AVE.	#21209
9	I4 FA	THER'S NAME MAYER	DIE	EPSTEIN	15 MOTHER'S MAIDEN NAM FIRST MUSHA	CHAY		LÎTOFSKY
1		(AS DECEASED EVER IN U.S. ARME ES, NO OR NOVOWN) (IF YES, GIVE W		166. SOCIAL SECURITY NO. 215-01-4441A	17 INFORMANT M 6227 WOODCRE	RS. ELLA EP	BALTO MD	
		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY MARCHATE CO.)  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OF	Ricliar are	-2 00	faliume		PROXIMATE INTERVAL FERN ONSET AND DEATH MINERALLY A COLY
		PART 2. OTHER SIGNIFICANT COM		sty	netozniou			
1	CERTIFICATION	19a. DATE OF OPERATION		TION FOR WHICH OPERATIO		206 AUTOPSY? YES NO	20b. IF YES, WERE FIT IN CERTIFYING CAU YES	ISES OF DEATH?
1		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P./	M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	T 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY  EET, FACTORY, OFFICE FARM ETC.)	21f. LOCATION STREET	CITY OR TOV	wn COUNTY	Y STATE
		226.1 certify that (I) (this haspital)	attended the	decensed from	10	10	10	that (I) (we) last

FOR

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ond 2

Poges

injury, or other traumatic

marked ar Item 18 shows ony

MPORTANT: If Item 21 is

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior ta burial, cr 10 FUNERAL DIRECTOR: After this certificate has been

ecuted within 24 haurs ofter death.

saw the deceased alive on above, (I) (we) (did) (did not) view the body after death

FLOWER, M.D.

DEGREE

ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (our) apinion death occurred on the date and haur and from the causes stated

22c. DATE SIGNED

22e. ADDRESS

SINAI HOSP. - BALTO., MD

<sup>23</sup>AUG.11,1982

234 NAME OF CEMETERY OR CREMATORY BNAI ISRAEL

23d. LOCATION
CITY OF TOWN
BALTIMORE

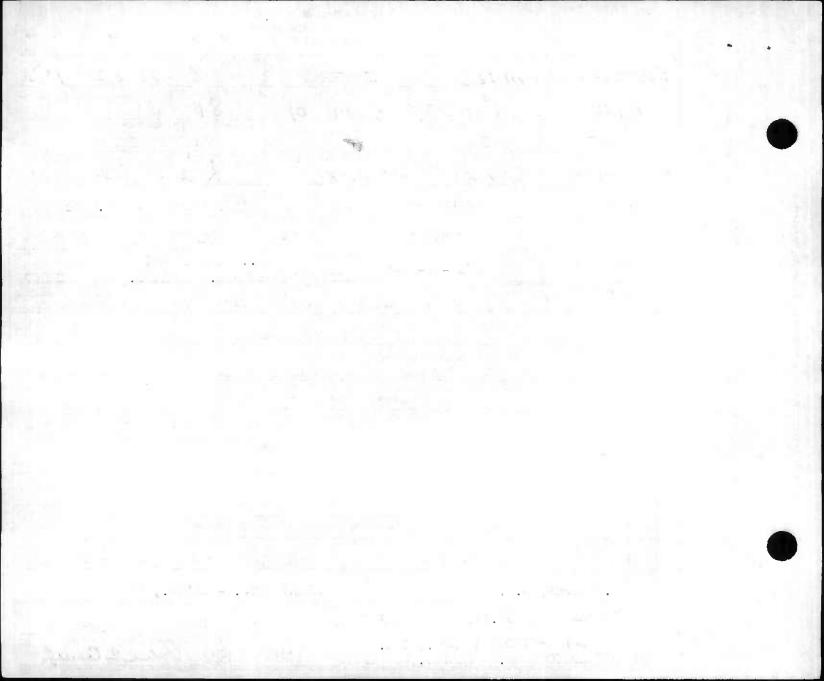
STATE MARYLAND

24. FUNERAL DIRECTOR SOL 6010 REISTERSTOWN RD.

LEVINSON & BROS INC. 21215

25a. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATURE

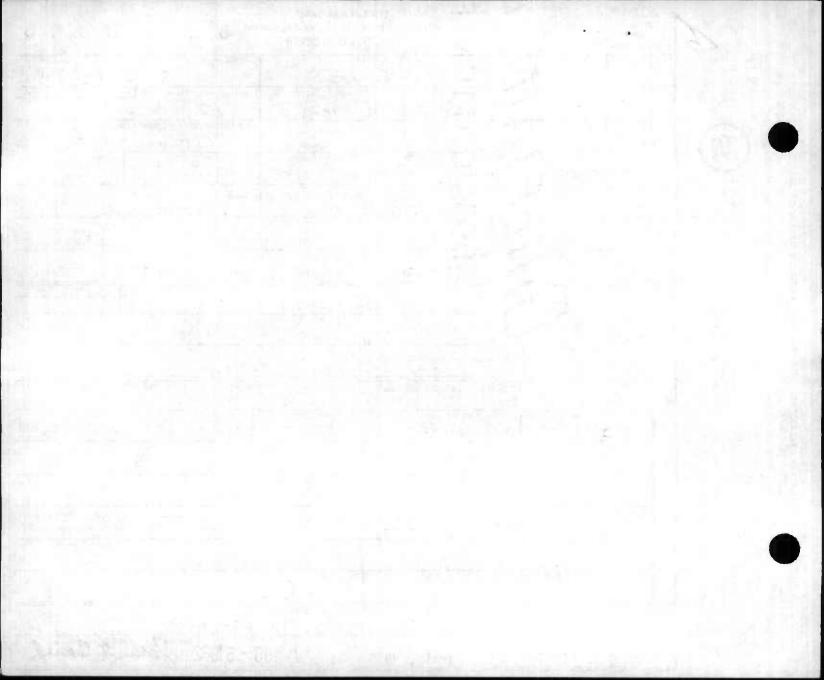
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5	1-	STATE REGISTRAR	DEP		ICATE OF DEATH	REG. NO.	2034
		CEASED NAME FIRST SORPRINT)	q rq	Er	be	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 7:10
	). 5E)	Fremale	4 RACE WHITE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MF UNDER 1 YEAR OF UNDER 24
3		Penna.	U.S.A.	TRY? 8 MARRIEI WIDOWE		P BALTIMORE CITY OR COU	. 7
8		Baltimore	University	Hospital	dr Other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Saleslady	NG LIFE) 126 KIND OF BUSINES INDUSTRY  Retired
5	13a 5	TRESIDENCE (IF NURSING HOME OR OF TATE  Aryland A/	TY 13c. CITY OR	TOWN	YES X NO [	13e. STREET ADDRESS 401 Stewart	Avenue
0	Ge	eorge	Schneid		15 MOTHER'S MAIDEN NAM	WIDDLE	Hein
2	on ∨	YAS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIALS 214-01	1-9813	Barbara McH	enry, Same as	13  APPROXIMATE INTERV. BETWEEN ONSET AND DI
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSI	dio pu EQUENCE OF Phiu	lmenery emboliz		
_	CATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING  1 19b. CONDITION FOR WE			20a AUTOPSA? 20b. IF	YES, WERE FINDINGS USED
-	CERTIFICATION	8 3 87	Multiple at	ntenia	Emboli 21c HOW INJURY OCCURR	YES NO NO IN CE	YES NO NO
1	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  NOTIWHILE AT WORK	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	19	211. LOCATION STREET	CITY OR TOWN	COUNTY STA
		22a. I certify that (I) (this haspite saw the deceased alive an abave (I) (we) (did)) did not	8/4	om	, 19 and that in (my) (aur) apinian o	, ta leath accurred an the date and	, 19, that       (we have and from the causes state
1		22d. PHYSICIAN'S NAME TYPE OR	PRINT)	n.	ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
7		S/6 MAN URIAL, CREMATION, REMOVAL		73, NAME OF C	UM C C	23d LOCATION	
l.	Ē	Burial			ven Mem. Park	Glen Burnie	AA MD
1 2	4 FU	NERAL DIRECTOR James S. Kirkle	ADDR	FSC	250 DATE	REC'D. BY REGISTRAR 15	CISTRAR'S SIGNALIRE

STATE OF MARYLAND



Balto., MD

4905 York Road

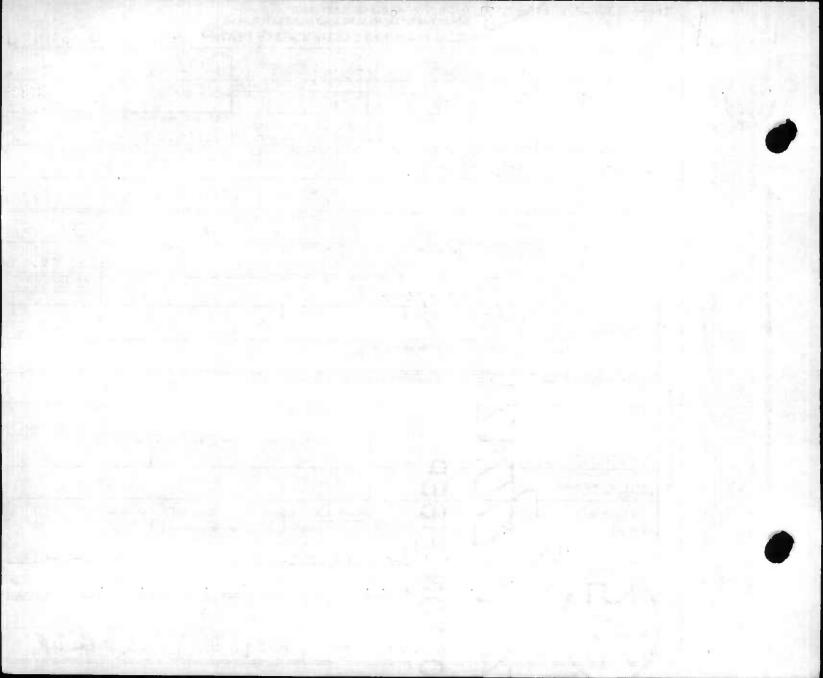
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ---

The state of the s The culture valley seed to to the ti L' Has M. Janina Labor Do.

1. 0	REGISTRAR	E FIRST		MIDDLE	LAST	ICAIL OI I	Zo. DATE K	REG. NO.	MONTH DA	Y YEAR 2b. HO
(1	YPE OR PRINT)	DORC	TUV	M	(ERBIN)	ERVIN	OF	MATED A	8 11	19 82
3. S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 YR		HRS. 2c DATE		MONTH DA	Y YEAR 2d HO
F	'emale	Black	7 13	37 LAST BIRTHD.	RS. MONTHS DAYS	HOURS MI	PRONOUN DEAD	CED	8 11	19 82 a
70.	BIRTHPLACE (	STATE OR	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED   N	EVER MARRIED	9. BALTIMO	ORE CITY OR	COUNTYO	PDEATH
		N.C.		USA	WIDOWED	DIVORCED		more C		
1	Baltim	ore /	1135 W	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS) LMOT CT.		TUTION 12	g. USUAL OCCUP FOR MOST OF WORK			KIND OF BUSINESS OR INDUSTRY
	JAL RESIDENCE STATE MD	(IF IN NURSINGHOME	OR OTHER INSTITUTION, O	13c. CITY OR TOWN Baltimor	13d. INSIDE	CITY LIMITS? 130	street addres	ss Tilmot	Ct.	
5	FATHER'S NAM	E	MIDDLE	Byers	15. MOT	HER'S MAIDEN N	NAME MI	DDLE	Pow	vell
		DEVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURIT				ADDRESS		
L	No	, (a 163, 01VE	on proteof	N/A	Flo	renda	Ervin 2	254 S.	Dall	as Ct.
	157	A NOWLEDIA	TE CAUSE (a)	R AS A CONSEQUENCE	OF	- 7				
NO	gove couse (couse (couse (couse))	ons, if ony, which ise to immediate t) stoting the <u>under</u> use lost.	DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEQUENCE	OF	ION GIYEN IN PART 1	(0)			
HEICATION	gove couse (couse (couse (couse))	ons, if ony, which ise to immediate t) stoting the <u>under</u> use lost.	DUE TO, O  (b)  DUE TO, O  (c)  CONTRIBUTING TO OFATI	R AS A CONSEQUENCE	OF MINAL DISEASE OR CONDIT		01		20	). AUTOPSY? YES 🛣 NO [
TAL CEPTIFICATION	gove couse (couse (couse (couse))	ons, if ony, which ise to immediate or immediate or immediate or instance of the instance of t	DUE TO, O  (b)  (b)  (c)  (c)  19b. COND  21b. TIME C  HOUR A.	R AS A CONSEQUENCE OF THE TERM  IT ION FOR WHICH OPER  OF INJURY  M. MONTH DAY YEAR	OF  MINAL DISEASE OR CONDIT  RATION WAS PERFO  21c. HOW INJUE	DRMED?	ENTER NATURE OF INJU	URY IN ITEM 18 PA		
MEDICALCEDIBICATION	gove in couse (couse (couse (couse (couse (couse (couse (couse))))))))))))))))))))))))))))))))))))	ons, if ony, which ise to immediate o) stoting the under use lost.  IGNIFICANT CONDITIONS  F OPERATION  AL CAUSE WAS  G OR ING CAUSE OF	DUE TO, OI  (b)  DUE TO, OI  (c)  CONTRIBUTING TO OFATI  19b. COND  21b. TIME C HOUR A.I  DEATH  21e. PLACE	R AS A CONSEQUENCE OF THE TERM  IT ION FOR WHICH OPER  OF INJURY  M. MONTH DAY YEAR	OF  MINAL DISEASE OR CONDIT  RATION WAS PERFO  21c. HOW INJUE	DRMED?				YES 💭 NO [
MEDICAL CEPTIFICATION	gove in couse (couse (c	AL CAUSE WAS G OR INGO CAUSE OF OCCURRED NOT WHILE AT WORK  If that I took charted fram: Not.	DUE TO, OI  (b)  DUE TO, OI  (c)  19b. COND  21b. TIME C HOUR A.I  DEATH P.I  21e. PLACE STREET, FAI  ge of the remains de	BUT NOT RELATED TO THE TERM ITION FOR WHICH OPER OF INJURY M. MONTH DAY YEAR M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)  Escribed obove, held on Accodent . Su	MINAL DISEASE OR CONDIT  RATION WAS PERFO  21f. HOW INJUR  21f. LOCATION  STREET  Autopsy   Autopsy   TITLE  M.D. AS	Inspection (SPECIFY)	CITY OR TOW  Inquiry  Undetermined mo	ond oner ,	COUNTY  In my opinior  DATE SIGNED	YES 1 NO [
2	GOVE IN COUSE (C Lying CO LYIN	AL CAUSE WAS G OR INGO CAUSE OF OCCURRED NOT WHILE AT WORK  If that I took charted fram: Not.	DUE TO, OI  (b)  DUE TO, OI  (c)  S CONTRIBUTING TO GEATH  19b. COND  21b. TIME CHOUR A.I.  P.I.  21e. PLACE  STREET, FAI  ge of the remoins de prolocuses X,  Tgarita A.	BUT NOT RELATED TO THE TERM  ITION FOR WHICH OPER  M. 19  OF INJURY  OF INJURY  (AT HOME,  CTORY, FARM, ETC.)  KOPELL, M.	MINAL DISEASE OR CONDIT	Inspection [  (SPECIFY)  SSISTANT	CITY OR TOW  Inquiry  Undetermined mo	ond oner ,	COUNTY  In my opinior  DATE SIGNED	YES 🗶 NO [



# FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR ECCEASED NAME FIRST MIDDLE LAST 20 E

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	REG. NO.					

	REGISTRAR				CERTIF	ICAIL OF DEAL	Н	REG. N	0.		
	DECEASED NAME YPE OR PRINT)	Carri		Elizab		Esposito			MONTH	1982	26. HOUR
3	SEX	0	4 RACE	11	5. DATE (	OF BIRTH	6 FAR	AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
70	BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Jul	y 15, 1 D □ NEVER MARRI	920	BALTIMORE CITY O	YRS.	Y OF DEATH	
1	V		<i>O</i> -	5A	WIDOWE	DIVORC	ED 🗌	CAT	-4		MD.
1	0 /	nou	(IF NOT INSU	HEACILITY GIVE STRE	et ADDRESS)	OR OTHER INSTITUTION	ON I	MOUSEW1		IZE. KIND O INDUSTRY OWN	Home
13	SUAL RESIDENCE (IF	NURSING HOLE OR	OTHER INSTITUTION	130 CITY OR TO		13d Inside City Lin	X	street address	BELL	HAVEN	VRd.
1	FATHER'S NAME FIRST Georg	e	H.	0ake		15. MOTHER'S MAIL	ys	M •			ghes
160	WAS DECEASED E (YES, NO OR UNKNOW) NO	N) (IF YES, GIVE	MED FORCES?  WAR OR DATES)  N/A	2(2-12		Mr. Gar	(Son	) ADDR Esposit		Kenwo sadena	
	18 CAUSE OF D PART I. DEA	TH WAS CAUSED	E CAUSE (o)	line for (a), (b), o	OR	ESPIRAT	ory	ARRES		APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
	Conditions, if gove rise to couse (o), sunderlying c	immediate	(b)	R AS A CONSEO	uence of	and the	Ce	relal Ve	ssel	9	
20			ENSV	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIV	VEN IN PART 110	,
CERTIFICATION	190 DATE OF OF	18Z		tva Cel	HOPERATIO	WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES	
	OR CONTRIBUTION	CAUSE OF DEA	10	FINJURY M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
MEDICAL	ANLHIE N		21e PLACE			21f LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
	220 I certify the		-	e deceosed from		nd that in (my) (our)	pinion dec	oth occurred on the d	ote and hou	19 8 2	we) lost
	22b. SIGNATURE	au	1 1	- De		DEGREE ATTENI	DING	MEDICAL STA	FF \	22c DATE	
	22d. PHYSICIAN	SNAME (TYPE OF	J. W	lon h	din	22e. ADDRESS	GK	CEENS	ST	PAL	To Md.
230	BURIAL CREMATA (SPECIFY) Buri	a 1	23b. DATE 13'Au	ig.82 23c	NAME OF C	emetery or crema wridge M	em.	23d LOCATION PK CITY OF ETK	ridg	e; How	ard <sup>STATE</sup> MI
24	FUNERAL DIRECTO Sing 1		Tunera	1 Home	Glen MD		AUG	1 2 1982	Joe	mars signar	aniel

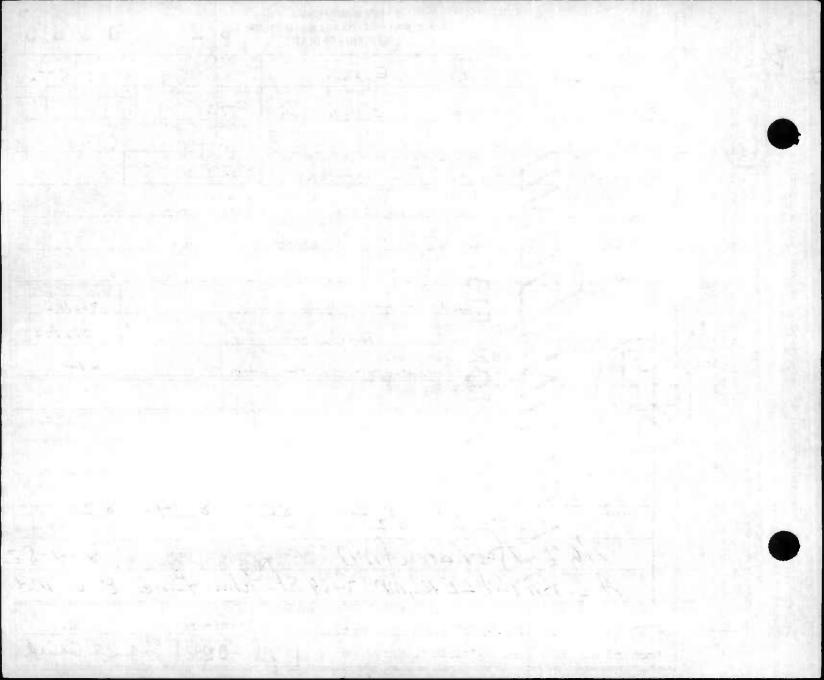
DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other traumotic event, the nedicofex TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co should be detached far use as the burial-transit permit. Then please remove carban papers, Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

THE MANIET PART OF THE PARTY OF THE STATE OF THE PARTY OF THE LAND OF THE PARTY OF THE PA The state of the s Market a 16 to 16 to

1	FOR			DEPAR		E OF MARYLAN IEALTH AND ME		ENE © 12	0	0	ig gree	-
	- STATE REGISTRAR				CERTIF	ICATE OF DE		REG.	NO.	0	3 3	U
	(TYPE OR PRINT)			AIDDLE		AST		20 DATE OF DEATH	HTHOM	DAY YEAR	2b. HO	UR
		IVY	Gwend	olyn	⊆,	IANS			8	4 82	5	1
	3. SEX		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY		R 24 HRS
-1	tema	k	CAUCA	5100	3	9	09	73	YRS.			}
1	To. BIRTHPLACE (	STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MA	PRIED 5	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	D. L.	
1	Maryla	nd	US		WIDOW	_	RCED	BAITI	Mare	. Cit	ty.	M
11	10. CITY OR TOWN	OF DEATH		HOSPITAL, NURS		OR OTHER INSTITU	NOITU	120. USUAL OCCUPA	TION	126. KIND	OF BUSIN	IESS O
4	BAltim	100	BONI	SE.C.DL		lospita	1	Disabled	I OF WORKING L	IFE) INDUSTR	į T	
1	USUAL RESIDENC	E (IF NURSING HOME O		GIVE RESIDENCE BEFO	DRE ADMISSION)							
5		136. COU	INIT	13c. CITY OR TO  Baltimo		13d. INSIDE CITY	IO []	13e. STREET ADDRES		Dan 3		
+	Md.	E		Baltimo	re	15. MOTHER'S M		.3843 Mont	erey r	Road		
2/	FIRST		MIDDLE	LAST		FIR	31	MIDDLE			LAST ?	
4	GWI 1		D. DAMED ECOCES?	Evans	LIBITY NO	ELIZA 17 INFORMANT	abeth	Ann	RESS		-	
	(YES, NO OR UNKN		IVE WAR OR DATES)	100 SOCIAL SEC	UKITINO.	TORMAIN!		7100				
	no			918-91	t-79a	Mr. G	vilym.	E. Evans	Same			
	18. CAUSE C	F DEATH (Enter of	inly one couse per	line for (o), (b), c	and (c).)					BETWEE	OXIMATE INT	D DE AT
	1 4011.0		ATE CAUSE (o)	cardiova	iscolu	c - lleps	<u>د</u>			8	14/82	_
	15	39	DUE TO, OI	R AS A CONSEQ	UENCE OF		4				3/2/	
		if ony, which	( (b)_	metasta	tio as	lenocercin	سر			6	3/2/	35
	cause (o)	to immediate stating the	DUE TO. OI	R AS A CONSEQ	UENCE OF						1	
-1	underlying	couse lost.	( (c)		arcinen	n= 0F	the c	,olom		2	180	1
		ER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	NAL DISEASE OR CO	NDITION GI	VEN IN PART	1(0)	
	190 DATE OF	OPERATION	19b. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORM	AED	20a AUTOPSY?		S, WERE FINE		
4	띮							YES NO		IFYING CAUS	ES OF DEA	
4	210 ACCIDEN	WAS UNDERLYING	7 216. TIME O	FINJURY	_	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF IN				=-
1		ING CAUSE OF DE			DAY YEAR							
	OR CONTRIBUTER, NO. 21d. INJURY	OCCUPPED	P. PLACE (		19	21f. LOCATION						
	WHILE T	NOT WHILE		EET, FACTORY, OFFICE	FARM, ETC )	STREET		CITY OR	TOWN	COUNTY		STATE
	AT WORK	AT WORK			C-	<b>b</b>	00	C.	4	0	,	
		that (I) (this hose		e descosed from	12	2-	19 0 1	, to	7-	, 19.0	that (I)	
	obove,	deceosed olive o I) (we) (did) (did n		ofter death.			ur) opinion d	leoth occurred on the	dote and ho			
	22b. SIGNAT	THE I	. Hay	Heate		DEGREE ATT	ENDING X	MEDICAL ST	AFF	22c. DA	TE SIGNED	-8
7	22d. PHYSIC	AN'S NAME (TYPE	OR PRINT)	150	unh	22e ADDRESS	PL		.7	, E.	-	m.
4		1-2-15	17 (1/17	LLR	-11110	3737	3/-		ane	1600		11/6
	230. BURIAL, CREM (SPECIFY)		L 23b. DATE	736	. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN		COUNTY	16-7	STATE
	Cremati		Aug.6.	1982 Gr	een Mo	ount.	Tor	Baltimore		704000000	Md.	
	24 FUNERAL DIRE		Tna Pi	7 + : mAPDRESS	Marza	l and	ZSO. DATE	REC'D. BY REGISTRA	KIZSB. HEGIS	CAR'S SIGN	ALLE	116
		J. Ruck	Inc. Ba	ltimore	, Mary	land	FAI	JG - 61982	Jo	and	Can	ı

DHMH-16 30M 2/80 (VRA 15, 4)



## FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	2	2	8	3	5
			-	-	

	REGISTRAR					REG. N	O.		
	CEASED NAME FIRST	Lation	MIDDLE	8	3/e	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
3. SEX	× M ALE	4 RACE	HITE	5. DATE O	DE BIRTH NE 25, 1913	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
5	RTHPLACE   STATE OR FOREIGN COUNTRY) MARYLAND	U	WHAT COUNTRY?	WIDOWE	DIVORCED	9 BALTIMORE CITY O	R COUNTY		
Z	BO HIMMS	(IF NOT IN SUC	NAI HOSPI	TAL	DR OTHER INSTITUTION	ITYPE OF WORK OF ANDRE	ON DEWORKING LIF	12b. KIND (	OF BUSINESS NITURE
13a. S	ARYLAND	E OR OTHER INSTITUTION DUNTY BALTO.	BALTIMO	PRE	13d. INSIDE CITY LIMITS?	134732 BONN 1	E BRA	E RD.	#2120
14 FA	ATHER'S NAME FIRST ABRAHAM	MIDDLE	EXLER		15 MOTHER'S MAIDEN NA	MIDDLE		FRAD	IN
	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) YES W	ARMED FORCES? GIVE WAR OF DATES WIT-ARMY	16b. SOCIAL SECU 219-01-5		MRS 4732 BONNIE	. MIRIAM EX BRAE RD.		., MD	21208
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	R AS A CONSEQUE R AS A CONSEQUE DNTRIBUTING TO D	ENCEOF	ANCINANO NOT RELATED TO THE TERM	IN AL DISEASE OR ON	DITION GIV	EN IN PART 1	01
IFICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, O  (c)  NT CONDITIONS CO	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	206 IF YES	, WERE FINDI YING CAUSE	NGS USED S OF DEATH?
AEDICAL CERTIFICATION	gove rise to immediate couse (0). Storing the underlying couse lost part 2 OTHER SIGNIFICAL 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING COURRED	DUE TO, O  (c)  NT CONDITIONS CO  19b. COND  21b. TIME O HOUR A. HOUR A. 10ker)  21e. PLACE	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY	DEATH BUT  OPERATION  AY YEAR  19		200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU	20b IF YES IN CERTIF YES	S, WERE FINDS YING CAUSES S	NGS USED
MEDICAL CERTIFICATION	gove rise to immediate couse for storing the underlying couse lost underlying couse lost.  PART 2 OTHER SIGNIFICAL  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING AUTORN CAUSE	DUE TO, O  (c)  19b. COND  19b. COND  19b. COND  19b. COND  19b. COND  21b. TIME O HOUR A. HOUR A. INER)  21e. PLACE (AT HOME, S11)  25poital) attended the	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F.  THE decegsed from  THE GRANT STATES OF THE CONSTRUCTION OF THE CONST	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	N WAS PERFORMED  21c HOW INJURY OCCURS  211 LOCATION STREET	YES NO RED (ENTER NATURE OF INJU	206 IF YES IN CERTIF YE: RY IN ITEM 18 P.	S, WERE FINDI YING CAUSE: S ART I OR PART 2]	NGS USED S OF DEATH? NO STATE
	gove rise to immediate couse to storing the underlying couse lost underlying couse lost.  PART 2 OTHER SIGNIFICAL  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI (IF EITHER NOTIFY MEDICAL EXAM.  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	DUE TO, O  (c)  19b. COND  19b. COND  19b. COND  19b. COND  19b. COND  21b. TIME O HOUR A. HOUR A. INER)  21e. PLACE (AT HOME, S11)  25poital) attended the	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F.  THE decegsed from  THE GRANT STATES OF THE CONSTRUCTION OF THE CONST	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	N WAS PERFORMED  21c HOW INJURY OCCURS  211 LOCATION STREET	YES NO CITY OR TO MEDICAL STAL	206 IF YES IN CERTIF YES IN CERTIF YES IN ITEM 18 P.	S, WERE FINDI YING CAUSE: S ART I OR PART 2]	NGS USED S OF DEATH? NO STATE that (I) (we)
MEDICAL	gove rise to immediate couse (o), stofing the underlying couse lost on the couse lost of the underlying couse lost of the couse	DUE TO, O  (c)  NT CONDITIONS CO  19b. COND  21b. TIME O HOUR A. HOUR A. P. 21e. PLACE (AT HOME, STI ODE OF PRINT)  PEOR PRINT	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F.  THE decegsed from  THE GRANT STATES OF THE CONSTRUCTION OF THE CONST	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCURS 21l. LOCATION STREET  10 and that in (my lour opinion of	YES NO CITY OR TO MEDICAL STAL	206 IF YES IN CERTIF YES IN CERTIF YES IN ITEM 18 P.	county	NGS USED S OF DEATH? NO STATE that (I) (we)

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. af Health and Mental Hygiene prior ta burial, crematian, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	BIENE 8 2	20352
DECEASED NAME FIRST		MUDIA		LAST	To DATE OF DEATH MONTH	DAY YEAR TE HOUR
Loret	ta C	atherine		Farley	8/23/8	2 4
1.5EX	4 RACE			OF BIRTH	& AGE IN THE STATE BRENDAY	# UNDER LIVE SHIELD UNDER 24 HES
Female	Whi	te	MON.	2-5-26	56 '	MONTHS DAYS HOURS ANNE
PERTHPLACE TELEFOR CONTROL	76. CITIZEN OF	WHAT COUNTRY?	1	ED KKNEVER MARRED	9. BALTIMORE CITY OR COU	
Maryland	U.S.	Α.	WIDOW		Baltimore Cit	ty MC
Baltimore	FFO2	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	Homemaker	125 KIND OF BUSINESS OR
Maryland	DRIGHTER INSTITUTION UNITY	Baltimo	ADMINION IN Te	THE PASIDE CITY LIMITS?	5502 Greenleaf	F Rd 21210
Herman	M	Callis		13 MOTHER'S MAIDEN NA	ME MEDIE	Riley
NAS DECEASED EVER IN U.S. A	ARMED FORCEST	166 SOCIAL SECU		17. INFORMANT	ADDRESS	
NO IN ART OF	DIVE WAR ON DATES	212-22-1	257	Mr. PJ Farle	y 5502 Greenlea	af Rd 21210
Conditions, if any, which gave rise to immediate core (a), stating the underlying couse fast	DUE TO, O	OR AS A CONSEQUE  OR AS A CONSEQUE  ONTRIBUTING TO 1	ENCE OF		THE AUTOPST? THE IF	GIVEN IN PART 118-  TES, WERE FINDINGS USED RITEYING CAUSES OF DEATHP YES NO NO
S CHESTHER HOTHY MEDICAL ERABIT	DEATH HOUR P	PM. MONTH DA M.	AY YEAR		RED. TENDENATUR OF WHIRE WHITE	16. PART I CR PART 31
714. INJURY OCCURRED		OF INJURY	46M. ETC)	ZII LOCATION	CITY ON TOWN	COUNTY VIATE
27c I sertify that (I) (this bar saw the deceased alive a above, (I) (we) (did) (did	01 8/23	182_ 19	1	and that in (my) (our) opinion	death occurred on the date and	19, that (I) (we) fast hour and from the couses stated
22h SIGNATURE	I On	usel &	me	A CONTRACTOR OF THE PARTY OF TH	MEDICAL STAFF	8/24/82
Richard J. 0	tenasek		RIT	6 E. Eager		
	AL 236 DATE	T 22. A	STARE OF	CEMETERY OR CREMATORY	234 LOCATION	
73a BURIAL CREMATION, REMOVA	AL VIE DATE				CITY OF TOWN	COUNTY STATE
Ma BURIAL CREMATION REMOVE DUCIAL M FUNERAL DIRECTOR	8-25				ial Cockeysvil	le Baltimore Md

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR

MPORTANT, # Hem.21 hoold be detached to

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2 and 5	mit	13.5	
	.4.6.	ryla	60
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Longition	1112	H married	

Vtoudad-ly. 0 E. Kauge St 21202

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SECTION OF THE STREET

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injury, or ather traumatic event, the

Sugar ony

	FOR 1 - STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	CIENE 8 2 2	0 3	5 3
1	I. DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
,	MARC	BARET A.	F	ARREN	August 19, 198	32	12:15 M
	3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Female	White	Fe		93 yrs.		min.
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT		
4	Maryland	USA	WIDOWE		Baltimore (		MD.
	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 2736 Maryland	ADDRESS)		120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI  Homemaker	FE) INDUSTRY	n Home
5	OSUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136, COU		/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2736 Maryland	d Aven	ue
4	14. FATHER'S NAME	Cunningham		15 MOTHER'S MAIDEN NA	4	LAS	
	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN)   IIF YES, GI	RMED FORCES? 166. SOCIAL SECU IVE WAR OR DATES) 220 54		17. INFORMANT Thelma Tr	rogdon, Balto	,	
	PART I. DEATH WAS CAUS	only ane couse per line far (a), (b), on ED BY:  TE CAUSE (a)  DUE TO, OR AS A CONSEQUITE  (b)  DUE TO, OR AS A CONSEQUITE  (c)	ENCE OF	of Chromic	disease	BETWEEN	DASE AND DEATH
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	veral	uvs.
)	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDIN FYING CAUSES ES []	
	00.00		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	OK CONTRIBUTING CAUSE OF DE CIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased olive or	mai) ottended the discosed from		d that in (my) (our) opinion of DEGREE	to STAFF		
,	( /	Scrony (	The same	PHYSICIAN Z		8-1	1,07

should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages I and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol. MPORTANT: If Item 21 is marked or Item 18

DHMH - 16 50M 4/82 (VRA 15, 4)

Ellsworth 2431 Ind Avenue, 23d. LOCATION CITY OR TOWN Woodlawn, Maryland Cook 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Entombment 23t. NAME OF CEMETERY OR CREMATORY 236 DATE COUNTY 8/20/82 Woodlawn Cemetery

22e ADDRESS

Henry W. Jenkins Sons Co. 4905 York Road Balto., Md. 21212

BY REGISTRAR

STATE

Maryland

AUG

FEMALE 1. A. L. SUR APPER L. Marie 16, 152 Visit St. a. C. Fire 70 77 7 Entinons-City ensyl limit year sers ELMENA CHILAMENT SELL Falti ore - rink eac 64 7962 Instruction, Eato., Nd. Chemia of chamic discold which zer dersost

Co. E. Elicrocch Coc. W. D. 1945 lyar land wents, Balto., M.D.

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STATE OF MARYLAND

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATI	E OF DEATH	REG. NO.	2035	C
1. DECEASED NAME FIRST (TYPE OR PRINT) JOHN	JAMES	FEELEY	SR.	AUGUST	5 198z 83	
MALE	1 RACE CANCASION	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHE		H M 24 HRS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH	MD
10 CITY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL, NU (IE NOT IN SUCH FACILITY, GIVE: 229 S. CA			170 USUAL OCCUPATION	126 KIND OF BUSINES	SSOR
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COL				3e. STREET ADDRESS	2/22 ALHOUN ST.	
VAMES L	HRISTOPHER FEEL		MARGARE	MIDDLE	WALTER	es
To WAS DECEASED EVER IN U.S. A	WE WAR ORD ATES		FORMANT (SCI		1 GLYNDON AVE	5.
PART I. DEATH WAS CAUS	DUE TO: OR AS A CONS	REMIA EQUENCE OF	TESTINAL C	PESTRUCTION &	APPROXIMATE INTERVENONSET AND DITUEN ONSET AND DITUEN ONSET AND DITUEN ONSET AND DITUENCE OF THE PROPERTY OF T	AL DEATH
cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (c) RECUI CONDITIONS CONTRIBUTING	PRENT CA		OF BLADDE		30.
E Cua m	BSTRUCTIVE 196. CONDITION FOR WI	HICH OPERATION WAS	DISEASE.	20a AUTOPSY?	ROBERT TO THE STREET OF T	H?
OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  21d. INJURY OCCURRED		19 211. LC	OCATION STREET	D (ENTER NATURE OF INJURY I		ATE
220.1 certify that (this has	pital) attended the deceased from August 4	om MARCH	20, 19 <u>82</u> in (aur) apinion de	, to Aug-us T	5, 19 82, that (w	e) last ted
22b. SIGNATURE	Ligino	100 DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	221. DATE SIGNED  8/5/82	
W. E. SIG	NOR M.D.	34			ELLICOTT CITY 21	043
230. BURIAL, CREMATION, REMOVA (SPECIFY) ENTOMBMENT	23b. DATE 08-09-82	LOUDON PK.		23d LOCATION CITY OR TOWN BALT IMORE	CITY MARYLA	

DHMH-16 50M 1/81 (VRA 15, 4)

MARYLAND

FOR

08-09-82

LOUDON PK. MAUSOLEUM
21229 250 DATER

BALTIMORE CITY

74 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

AUG 6 1982

the comment was 30 and comment MAKELINE SER THE PARTY STATE OF THE PARTY SHAPEN SAME Cuctome & Take Schamen See Verties, where their him makes to the state of 10 ALTE 43 THE CHARLEST THE STREET STREET SALES BILLEVILLE RECLES CHECKING OF EMPRES IN IL. 1981 THE RESERVE OF THE PROPERTY OF THE PARTY OF The second of th

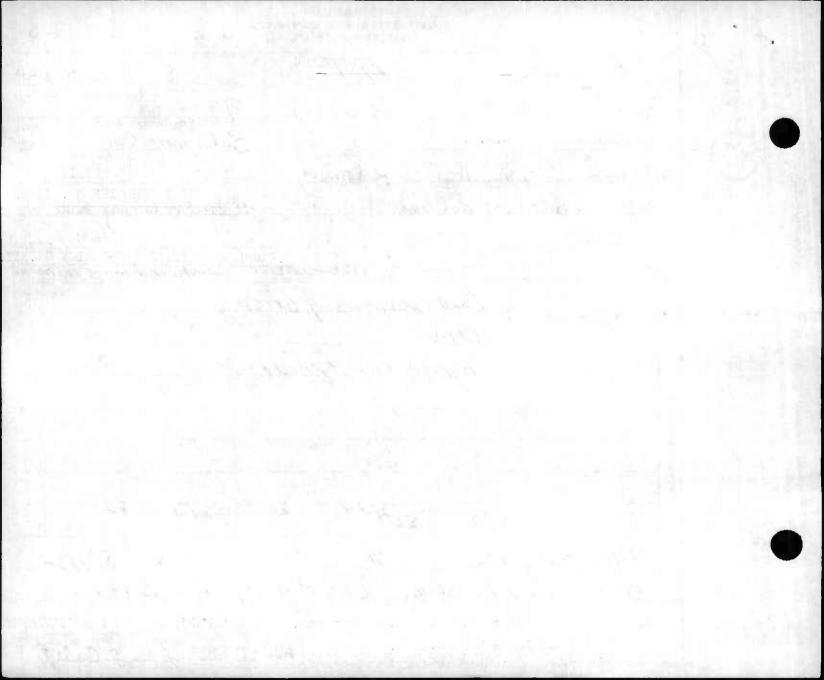
ATTENDING PHYSICIAN The low

FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 4 4	0 3 5 6
Control of the Contro	PHIL	I GENBAUM	REG. NO.	7 82 5:104
Male	White	5 DATE OF BIRTH MONTH DAY VEAR 03 25 03	6. AGE (IN YEARS LAST BIRTHDAY)  79  YRS.	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOR MISSISSIPP)	U.S.A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐	Baltimore city or count	City M
10. CITY OR TOWN OF DEATH	STAN HOSO	of Baltmore	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I SALESMAN	RETAIL
130 STATE NAME	SHOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE BUTTY BUTTY BUTTY BUTTY BUTTY	NOTHER'S MAIDEN NA		TELRICK DR. 212
ELIMELEI  Man WAS DECEASED EVER IN		BAUM IDA	MIDDLE	STENBAÜM 212
	176-26-	6401 /KXXXXXXXXXX	ADELE BERLIN 630	1 SHELRICK DR.
PART 2 OTHER SIGNIF	diate the last DUE TO, OR AS A CONSEQUENCE (c) h 4 POS	UENCE OF LYCEMIC PISUAL	(MINAL DISEASE OR CONDITION GI	J WKS JWKS VEN IN PART 110
190 DATE OF OPERATION	IN 196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
710. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE AND NOT WHILE AND	JSE OF DEATH HOUR A.M. MONTH DE EXAMINER)  P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18  CITY OR TOWN	PART LORPART 2)  COUNTY STATE
220.1 certify that (1) (the saw the deceased	nis haspital) attended the deceased fram, olive an 19 I did not; view the body after death.  KURTURE OR POWER  Renald Friedm	63.1	deoth occurred an the date and ha	1982, that (I) (we) lo ur and from the couses stated 122c. DATE SIGNED 8/7/82
23a BURIAL, CREMATION, RE				

DHMH - 16 S0M 1/81 (VRA 15, 4)

FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

AUG 1 0 1982 GISTRAR'S SIGNATURE



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

0 3 5 8 2 2

	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE 8 2	2 (	) 3	5 7
	(TYPE	CEASED NAME FIRST OR PRINT)  BETT	Y R	FEL.	ICIANI,	20 DATE OF DEATH	MONTH DAY	F 2	11:10 F
-		EMALE	WHITE	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.	S DAYS	FUNDER 24 HR5 HOURS MIN.
)	No	RTHPLACE STATE OR FOREIGN EQUINTRY)  RTH CAROLINA  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY  U.S.A.  11. NAME OF HOSPITAL NURS	MARRIE WIDOWE		BALTIMO  120 USUAL OCCUPATION	RE CITY		MD.
2	В	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	OPKINS		(TYPE OF WORK FOR MOST OF	F WORKING LIFE) IN	Hor	BUSINESS OR
5	Illa. S	MD AME	NTY 13, CITY OR TO		13d. INSIDE CITY LIMITS?  YES NO NOTHER'S MAIDEN NAM	130. STREET ADDRESS	ANE		
0		JOHN WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	FLL CURITY NO.	EISIE 17 INFORMANT	ADDRE	SS	PAR	15
2		YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 050-14-	2975	JAMES L. FE	FLICIANI	(SAME	AS APPROXIM	13)
	3	Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse lost.	DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO	UENCE OF	arcinoma			BETWEEN ON	SELANDURAIN
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC			200 AUTOPSY?	20b. IF YES, WEI	RE FINDING	
1		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER NOTIFY MEDICAL EXAMINE		DAY YEAR	21c, HOW INJURY OCCURR	YES NO REPORT NATURE OF INJUI	YES T	OR PART 2)	но 🗌
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f LOCATION STREET	CITY OR TO	wn c	COUNTY	STATE
			ot) view the body ofter death.	82.0	nd that in (our) opinion of	death occurred on the de		from the co	
		260 PHYSICIAN'S NAME (TYPE	ie, ms		ATTENDING PHYSICIAN 2220 ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	FF .	8-1	5-82
	22- 0	Janet L	. Rice 1	1)	Johns H	eplans	Hosp	sita	l
	24 FL	BURIAL, CREMATION, REMOVAL (SPECIFIED BURIAL UNERAL DIRECTOR NAME OBERT S. BARK	236 DATE AUGUST 18, 1962 (		LE VETERAUS CEM.  LIE VETERAUS CEM.  LIE HUY. 250. DATE  AL	CROWNSVI E REC'D. BY REGISTRAR JG 2 0 1982		fley"	me MD
- 1	-		C. S. S.		in just				

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- 6	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	0 3 5 8
(M)		CEASED NAME FIRST  OR PRINT)  DR. F. G. 7.7	n HAROLD	Fendal	20 DATE OF DEATH MONTH D 08/28/82	2b. HOUR 11:301
	3. SE	EQWI	A. RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
t opp		MALE	WHITE	JAN. 18, 1950 AR	32 YRS.	ONTHS DAYS HOURS MIN,
1 92		S. AFRICA	USA	MARRIED XX X EVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	
	3	Raltimore	John Hopkir	DDRESS) Hospital	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE  PHYSICIAN	12b. KIND OF BUSINESS OR INDUSTRY MEDICINE
35	1	MARY LAND BA	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c. CITY OR TOWN TOWSON	, YES 🐧 NO 🗌	312 SOUTHWIND	RD. #21204
1 13	1	ATHER'S NAME FIRST LOUIS	FENDEL	15 MOTHER'S MAIDEN NO. MIRIAM		SACHAR
Property Company		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 16b SOCIAL SECUI WAR OR DATES) 078-56-	RITY NO. 17 INFORMANT DR.	VIRGINIA KRANZ FE	
requires that the death certificant ugned by the attending plant. Then plants remove carbors do to burial, cremition, or remity injury, or other traumatic every	TION	NONE	DUE TO, OR AS A CONSEQUE  (b) MCTASTA  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D	NCE OF MCLANOMA NCE OF  EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	
The faction con sit permits shown in the faction of	CERTIFICATION	19a. DATE OF OPERATION	_	OPERATION WAS PERFORMED	YES NO YES	
PHYSICIAN: TI tending physicii this certificate he burial-transii nd Mental Hygi	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTHER MEDICAL EXAMINER).  21d INJURY OCCURRED  WHILE NOT WHILE	H HOUR A.M. MONTH DA P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	Y YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)  COUNTY STATE
attenbing spital or of CTOR: After d for use as the of Health or at 1 is marked		27a   certify that (  (this hospite sow the decementalise on obove ( )) (we) (did) (tid not)		SZ, and that i (my) (our) opinion	n death accurred on the date and hour	9 21, that () we lost and from the couses stated
pital OR, by the house detoched Stote Dept		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DAJE SIGNED 8 29 8 2
ro Hospital etained by the TO Funeral should be defined with the Stote			LAH	550 N. Bro	alway #704 Ba	et. Md
O BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	AUG.30,1982	AME OF CEMETERY OR CREMATORY CHIZUKAMUNO	BALTIMORE	COUNTYMARY LANDIE
DHMH - 16 50M 1/81 (VRA 15, 4)	64 FI	UNERAL DIRECTOR SOL L D10 REISTERSTOWN	EVINSON & BRÔS.  N RD. BALTO.,		TEP 1 1982	ars signature

Taluate of the state of the sta injury, ar ather traumatic event, the

should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

1			STAT	E OF MARYLAND					
1 i	FOR - STATE	DEPART		HEALTH AND MENTAL HYGI	ENE 8 2	2	0 3	5 9	
Ι.	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	D.			
	DECEASED NAME FIRST	WIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
L	PEREGRI	NO C.	FE	RRO		8 4	1982	4350 M	
3. 3	SEX	4. RACE	5 DATE		6 AGE (IN YEARS LAST BIRT		NDER I YEAR	IF UNDER 2 HRS	
	$M_{ale}$	White	MONT 9	DAY YEAR 27	56	YRS. MON	IHS DATS	HOURS MIN.	
7a.	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
1	SPAIN	us A.	WIDOW	,	Balterity	•		MD	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME		12a USUAL OCCUPATION	ON	12b. KIND OF	F BUSINESS OR	
1	BALTIMORE	UF NOT IN SUCH FACILITY, GIVE STREET	ARY	LAND	PHYSIC,	AN AN	PSY C	HIATRY	
136 136	UAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS				
1	MARYLAND TO	WSON TOWS		YES NO NO	4 ALC	AN 8	LOUR	2T	
14.	FATHER'S NAME			15. MOTHER'S MAIDEN NAM	∧E				
	PEREGRINO	MIDDLE FERR	0	DOLORE	MIDDLE		DIAST	7	
160		MED FORCES? 166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	VIII.		
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 490 - W/-L	1969	Clare P For	1 A 7 -	o 0+	24.07	o.l.	
H	- NO	110 10		Clara P. Fer	CLO#4 ATC	an UU.			
	PART I. DEATH WAS CAUSE	ly one couse per line lor (a), (b), and DBY:		RCINOMA		1000	BETWEENO	MATE INTERVAL ONSET AND DEATH	
	IMMEDIAT	E CAUSE (D) CHOINIC	LIT	KCINDIMA			29	ears.	
ш	1317	DUE TO, OR AS A CONSEQUE	NCE OF						
П	Conditions, if ony, which gove rise to immediate	(b)							
П	couse (a), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF						
	underlying couse last (c)								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
0									
13	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W			
1 1 1 1		1			YES X NOT	YES T		NO DE	
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)		
A	OR CONTRIBUTING CAUSE OF DEA		AY YEAR						
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	19	211. LOCATION					
\$	WHILE NO! WHILE	( AT HOME STREET, FACTORY OFFICE, F	ARM, ETC )	STREET	CITY OR TO	VN	COUNTY	STATE	
	AT WORK AT WORK	District to the second	JUNE	19 80	- Aug		83		
		tot) attended the deceased from_	(1)	nd that in (my) (pur) ppinion d	. 10	40 and barren		hat (I) (we) lost	
	sow the deceased of the obove, (I) (We) (did to 1).	view the body ofter death.			Scenied on the do	ne ond nour on			
	ZZO. SIGNATURE			DEGREE ATTENDING	MEDICAL STAF	F	22c DATE S	IGNED	
1	20	), My		PHYSICIAN [	DIRECTOR PHYSIC		814	FIXZ	
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS			,	- 1	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial Aug. 6, 182 24 FUNERAL DIRECTOR

23b DATE

GREENE

236 NAME OF CEMETERY OR CREMATORY

Dulaney Valley Mem Gar. Balto. Co., M

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Johnson 8521 Loch Raven Blvd E.

The state of the s

,	1		STAT	E OF MARYLAND		
1	1.	FOR STATE		EALTH AND MENTAL HYGI	ENE 8 2 2	0 3 6 0
7	Ŀ	REGISTRAR Annie I F	EUCHTENBERGER CERTIF	ICATE OF DEATH	REG. NO.	
e & to		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH D	YEAR 26. HOUR
77		ANNIE	I. FEUC.	HTENBERGE	EC 8 C	582 45
(水面)	J. SE.	1	RACE S. DATE C	OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
S HIELD	_	FEMALE (	LAVCASIAN 10	6 04	YRS.	
4 30 24		RTHPLACE (STATE OR FOREIGN 78	b. CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY OR COUNTY	
1300		Maryland	VIJ. IT - WIDOWE	ED DIVORCED	BRLTO	City MD.
by the f		BALTO 1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	S HOSP	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWI	
filled in hould be	13a S	AL RESIDENCE (IF NURSING HOME OR O		13d. INSIDE CITY LIMITS? YES NO []	130 STREET ADDRESS AMS F	A 4 5 T 21223
withii withii	14 FA	THER'S NAME FIRST MI	IDDLE LAST	I. FEUCHTEUBERGE  S. DATE OF BIRTH  MONTH DAY  YEAR  12EN OF WHAT COUNTRY?  MARRIED NEVER MARRIED  MARRIED NOORCED  DIVORCED  120 USUAL OCCUPAT  (TYPE OF WORK FOR MOST OF  NSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  131. CITY OR TOWN  132. CITY OR TOWN  133. CITY OR TOWN  134. INSIDE CITY LIMITS?  YES NO  15. MOTHER'S MAIDEN NAME  FIRST  Melvina  ORCES?  OR DATES)  OR DATES  OR CES?  OR DATES  OR DATES  OR CESS  OR DATES  OR OR AS A CONSEQUENCE OF  (b) SCHOOL OF MARKED  S. DATE OF BIRTH  MARRIED  9 BALTIMORE CITY  120 USUAL OCCUPAT  (TYPE OF WORK FOR MOST OF  117 INFORMANT  ADDR  Clarence E Feuchtenbers  OUS TO CHARLES  OUS TO C		LAST
omple ond		Joseph	Dahlweiner	Me	elvina Eva	ans
n ond co		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE )	WAR OR DATES) 90039 228	11		1to Md 21223 08 Ramsay St
ote b		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c)	الم مد		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH,
p phy on po emo		PART I. DEATH WAS CAUSED		AMIESI		30 minutes
th ce corbin corbin or r		4149	DUE TO, OR AS A CONSEQUENCE OF	1 - 1 - 10		I ale
deo otte ove otten otten		Conditions, if ony, which	( b) ISCHEMIC	heart aus	ease	unknown
the remo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
that d by lease iol, cri		underlying couse last.	(c)			
uires igne en pl o bury, o	z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVE	N IN PART 110
requirements	CERTIFICATION	190 DATE OF OPERATION	Stive helpert t	741/UN	Las	
os be os bermine prima ws on	FICA	196 DATE OF OPERATION	198 CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED VING CAUSES OF DEATH?
N. The hysicion const p. Hygier Hygier 18	ERTI	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121, HOW IN ILLEY OCCURRE	YES NO YES	
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	THE HOW WASON FOCCORNE	D (ENTER NATIONE OF INJURY IN HEM IR PA	RI   OR PARI 2)
HYSICIA Iding p ins certif buriol-t Mental or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 21e PLACE OF INJURY	211 LOCATION		
PH trend the bond and sed o	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	STREET	CITY OR TOWN	COUNTY STATE
or o or o olth mork		220 I certify that (I) (this haspita	t) attended the deceased from	x/ 10 17	8/5	9 82, that (I) (we) lost
TEN or us of He		sow the deceased alive on	10 01	nd mot in (my) (our) opinion de	eoth occurred on the date and hour	
R AT hosp RECI sed f ipt. o		obove, (1) (we) (did) (did not) 22b. SIGNATURE	view the body after death.	DEGREE		22c. DATE SIGNED
TAL Ory the RAL DI detock to be become note be and the become note because the		C.D.	Kepiney N	10 ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	1 8/5/82
retoined by TO FUNERA should be de with the Stot		22d. PHYSICIAN'S NAME (TYPE OR P	L D. KARANY	220 ADDRESS BON S	erous Hosp.	
44		URIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
1-8P	24.5	Burial	<u> </u>	idge Mem. Park	Howard Co., Ma	ryland 21227
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	INERAL DIRECTOR	ome/Pratt & Stricker	Md 21223 250 DATE	REC'D. BY REGISTRAR 25b. REC'T.	AR'S SIGNATUS
(	Wa	Iters Funeral Ho	ome/Pratt & Stricker	Streets AU	J 1306 100	man anna

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31.	MIE.	VI	MIN	The Late	ANU

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3)

- STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. N	0.
1 DECEASED NAME FIRST			1ds	20 DATE OF DEATH	8/17/82 3 AM
FEMALE	4 RACE WHITE		24/1907 YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  KENTUCKY	76 CITIZEN OF WHAT COI	MARRIE	4.0	Q L	DR COUNTY OF DEATH
10 CITY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL,  (IF NOT IN SUCH FACILITY, G  BALTIMORE	CITY HOS		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
SUAL RESIDENCE (IF NURSING HOME 13g STATE MARYLAND		THORE	13d Inside City Limits? Yes 🗶 NO 🗌	13e. STREET ADDRESS	/ERS WAY 21224
WILLIAM	MIDDLE	ÊR	MARY	JANE	STANLEY
160 WAS DECEASED EVER IN U.S.  (YE.NOOR UNKNOWN) (IF YES.	CIVIE MAR OR DATECT	20,1170		S V. ELARDO ALK, MARYLA	
Conditions, if ony, which gove rise to immediate couse ioi, storing the underlying couse lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTION	NSEQUENCE OF Spontaneous NG TO DEATH BUT NOT RELATED TO THE TERM WHICH OPERATION WAS PERFORMED		200 AUTOPŠÝ?	DITION GIVEN IN PART 110  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH E  (IF EITHER NOTHY MEDICAL EXAMINER)  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE		21c HOW INJURY OCCURR	YES NOTER NATURE OF INJU	
22a. I certify that (1) (this had sow the deceased alive above, (1) (we) (did) (did) (22b. SIGNATUR)  22d. PHYSICIAN'S NAME (TYPE)	epital) attended the deceased on not view the body after death			, to death occurred on the death occurred on the death occurred on the death of the	
230. BURIAL, CREMATION, REMOVA BURIAL	23b. DATE 8/20/1982	- 111	EMETERY OR CREMATORY NO CEMETERY	234 LOCATION BALTIMOR	E COUNTY MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

etoined by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbompopers, Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shorts ony

24 FUNERAL DIRECTOR
WALTER BROOKS BRADLEY, INC., DUNDALK, MD. 21222 ALIC 4 0 1002

Aller Lines To the Control of the Co Harry Strains Strains 

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

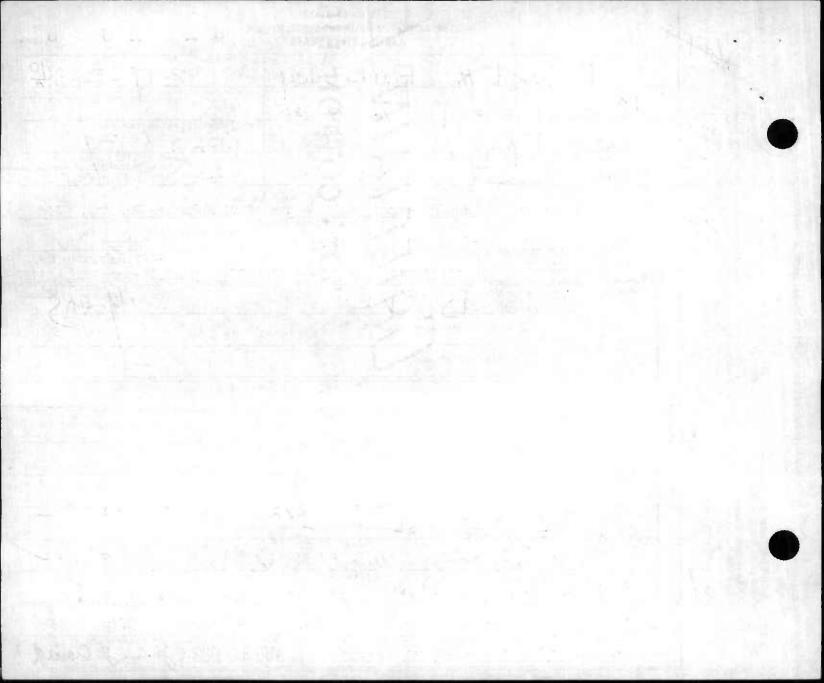
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20362

17.5	REGISTRAR		CERTI	FICALE OF DEATH	REG. N	Ю.	
	CEASED NAME PO	land	H. Fin	Keldey	20 DATE OF DEATH	8-17-8	2 3 40 M
1. SE	Male	4 RACE  white	MONT	OF BIRTH	6 AGE (IN YEARS LAST BI	THOAY)  IF UNDER LYE MONTHS DATE	
	ETHPLACE (STATE OR FORE) COUNTRY)  Amuland	GN 76 CITIZEN OF		ED W NEVER MARRIED D	9 BALTIMORE CITY O	OR COUNTY OF DEATH	AD.
	ity or town of death Baltimore	(IF NOT IN SU	HOSPITAL, NURSING HOME OF ACHIEVE, GIVE STREET ADDRESS!  Secour Hospite	4	120 USUAL OCCUPAT		OF BUSINESS OR
	AL RESIDENCE HE NURSING H		GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
11.11	ATHER'S NAME FULL Edward	MIDDLE	Randallstown Finkeldey	YES NO AT NO AT NO THE NAME OF		aper Dr. Ap Lutner	T. #310
100		J.S. ARMED FORCES? Eyes, GIVE WAR OR DATES) VWI	166. SOCIAL SECURITY NO. 218-18-1132	Mrs. Dora Fi		ESS 3801 Schn	
CERTIFICATION	underlying cause li	ote the DUE TO, Cost (c)  CANT CONDITIONS C	OR AS A CONSEQUENCE OF		MINAL DISEASE OR CON	20b. IF YES, WERE FIN	DINGS USED
ERTIFIC	210. ACCIDENT WAS UNDERLY	ING 7 216, TIME (	DE IN ILIDY	121. HOW IN HIRV OCCUP	YES NO	IN CERTIFYING CAUS	NO 🗌
MEDICAL C	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED ALL WORK 270.1 certify. that (1) (this the deceased of	EOF DEATH HOUR A XAMINER) P  21e PLACE (AT HOME S1 s hospital) attended the	.M. MONTH DAY YEAR .M. 19 OF INJURY REET FACTORY OFFICE FARM, ETC.) deceased from	216 HOW INJURY OCCUR 211 LOCATION STREET  19 and that in (my) (pure) apinion	CITY OR TO	OWN COUNTY	STATE  , that {11 (we) fast
	PHYSICIAN'S NAME	U L L L (TYPE OR PRINT)	So WI M	DEGREE ATTENDING	MEDICAL STA	22c. DA	TE SIGNED
	BURIAL, CREMATION, REM		23c NAME OF C	Park Cem.	Baltimor	e City	MÖ <sup>™</sup>
24 FU 87	uneral director Los 728 Liberty I	ring Byers Rd. Randal	Funeral Direction of Stown, Md. 2	tors 250. DAT	JG 2 0 1982	John John L	Coming

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR



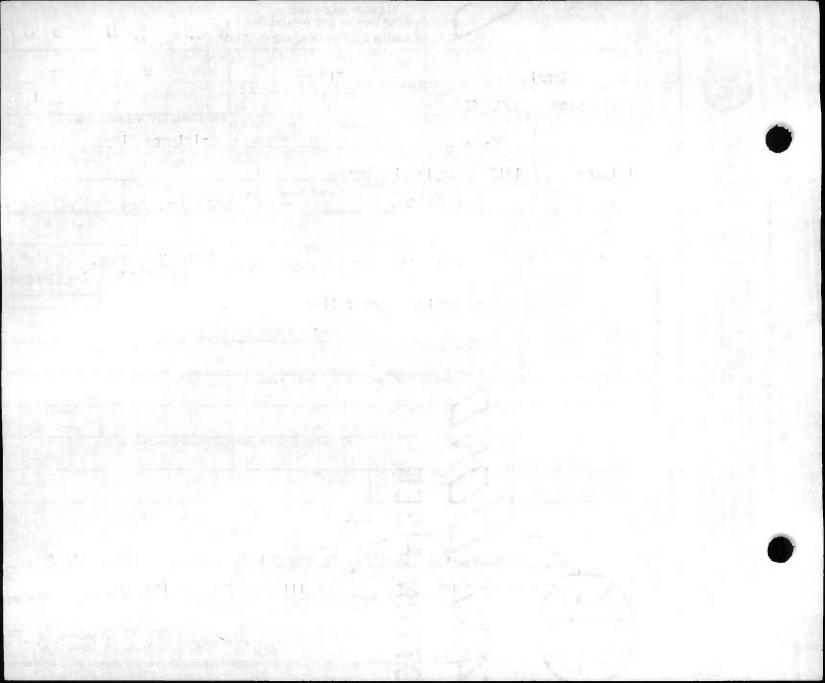
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY TERSE EXECUTE THE CERTIFICATE, WRITHING THE WORD "PENCIL IN 176M 18, GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 22 HOURS AFTER DEATH, WITH THE STATE DEPERMENT OF HALLH AND MENTAL HYGIENE, DIVISION OF WITH RECO DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

	FOR STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMIN	HEALTH			242	REG. NO.	0	3	6	3
	CEASED NAM								HINOM	DAY	YEAR	26 HOL	
		Car	rie			Finney		DEATH M	ATED X	7	26 19	82	
3. SEX	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER I YR. IF UN		2c. DATE		HINOM	DAY	YEAR	2d HO
F	emale	Black	2/10/1	L4 68 YI	Michigan	HS DAYS HOUR	RS MIN.	DEAD	.U	7	28 19	82	1:3
	IRTHPLACE (5 DREIGN COUNTRY)	TATE OR	U.S.			IED NEVER M	ARRIED	Balti	more		Y OF DE	ATH	^
	ITY OR TOWN Baltir	more	11. NAME OF HOS (IF NOT IN SUCH FA	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	Aven			UAL OCCUPAT MOST OF WORKIN	TION (TYPE O		2b. KIND OR II	OF BUS Dustr	INESS
	Md.	(IF IN NURSING HOM		130. CITY OR TOWN Balto.	ON)	13d. INSIDE CITY LIMI		EET ADDRESS	a. A	ve.			
14. FA	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S M FIRST	AIDEN NAME	MIDD	ιE		LAS	Ţ	
160 V	WAS DECEASED EVER IN U.S. ARMED FORCES?  UNKNOWN)  (IF YES, GIVE WAR OR DATES)			16b. SOCIAL SECURIT 220-12-6	Ocial security NO. 17. INFORMANT 1519 Pa. Ave Balto., M				id.				
		ns, if any, whice se to immedia			OF								
N	gave ri cause (a lying cou	se to immedia ) stating the <u>unde</u> use last.	te (b)	AS A CONSEQUENCE (	OF	E OR (DNDITIDN GIVEN	IN PART 1 (a)						
CATION	gave ri cause (a lying cou	se to immedia ) stating the <u>unde</u> use last.	te (b) DUE TO, OR (c)  HS (DNTRIBUTING TO DEATH		OF IINAL OISEAS						2D AU	TOPSY?	
TIFICATION	gave ri cause (a lying cou	se to immedia ) stoting the <u>unde</u> use lost. GNIFICANT CONDITIDE	te (b) DUE TO, OR (c)  HS (DNTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	OF IINAL OISEAS							TOPSY?	NO [
NCAL CERTIFICATION	gave ri cause (a lying cou PART 2 DTHER SI  19a. DATE OF  21a EXTERNA UNDERLYING CONTRIBUTI	SE to immedia provide the underselect.  GNIFICANT CONDITION  OPERATION  AL CAUSE WAS  OR  NG CAUSE O	DUE TO, OR  (c)  19b. CONDI  19b. TIME OI  HOUR A.M.  P.M.  P.M.	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR	OF RATION W	OW INJURY OCC		NATURE OF INJURY	/ IN ITEM 18 PAI	RT 1 OR PAR	YE		но [
MEDICAL CERTIFICATION	gave ri cause (a lying cou PART 2 DTHER SI 190. DATE OF 210 EXTERN, UNDERLYING CONTRIBUTI	GNIFICANT CONDITION  COPERATION  AL CAUSE WAS  OR  OCCURRED	TO DUE TO, OR  (c)  19b. CONDI  21b. TIME OI HOUR A.M 21e PLACE	BUT NOT RELATED TO THE TERM TION FOR WHICH OPER FINJURY A. MONTH DAY YEAR	OF STATION W 21t. Ho	/AS PERFORMED?		NATURE OF INJUR'S	IN ITEM 18 PAI	RT 1 OR PAR	YE:		NO [
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**DHMH** - 17 (VR A15 ME (5)) 20M 4/82

Anatomy Board Balto., Md.

4000 1 1905



executed within 24 hours ofter deoth.

## STATE OF FOR STATE REGISTRAR DEPARTMENT OF HEAL CERTIFICA

1630 Edmondson Avenue, Catonsville, Md.

MARYLAND ,							
TH AND MENTAL HYGIENE	8	2	2	0	3	6	
ATE OF DEATH		DEC NO					

	REGISTRAR				REG. N	10.		
	CEASED NAME FIRST	He	oward	LAST	2a DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
	CTA	ARENCE	FISH	HER		8 18	82	4:54 1
3. SE)	X	4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
_	MALE	WHI	re ~{	3 112 112 YEAR	70	YRS	ONIHS DAYS	HOURS MIN.
	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	Maryland	USA	WIDO	RIED NEVER MARRIED DIVORCED DI	Baltimor			ME
10. CITY OR TOWN OF DEATH  Baltimore		St. A	HOSPITAL, NURSING HOM MEACILITY, GIVE STREET ADDRESS INES HOSPITA.	AE OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Sales Sup	ORBTI OF WORKING LIFE DIVISOI	INDUSTRY A.S.	Abell C
130. S	AL RESIDENCE (IF NURS STATE  Maryland	or other institution ounty altimore	GIVE RESIDENCE BEFORE ADMISSION IS CITY OR TOWN Catonsville	13d INSIDE CITY LIMITS? YES NO K	13e. STREET ADDRESS 1300 Rice	Avenue	3	i.
	THER'S NAME FIRST	MIDDLE	Fisher	15. MOTHER'S MAIDEN NA/			rantz	ST
	VAS DECEASED EVER IN U.S		16b. SOCIAL SECURITY NO	D. 17. INFORMANT	ADDR	RESS		
()		ES GIVE WAR OR DATES)	218-18-3157	Mrs. Arline	Fisher :	Same as	- 14	IMATÉ INTERVAL ONSET AND DEATH
CERTIFICATION	Conditions, if ony, whice gove rise to immediat cause ial, stating the underlying couse las	the beautiful to the bound of the beautiful to the beauti		F J WSUL	FFICE LONG  SINAL DISEASE OF CON  200 AUTOPSY?	NDITION GIVE	WERE FINDIN	NGS USED
RTIFI					YES NO		ING CAUSES	NO [
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	220. I certify that (I) (this I sow the deceased alivabove, (I) (we) (did) (d 22b. SIGNATURE	Joyants	A/8 19 72	DEGREE  ATTENDING PHYSICIAN [	to Aug death accurred on the MEDICAL STA DIRECTOR PHYSI	AFF _		
	CARLOS	GOVANT		St. Agnes H		Baltimo	ore, Mo	1.
23a B	BURIAL, CREMATION, REMO	OVAL 23b. DATE	23c NAME C	F CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
,	Burial	8/21/8	2 Zinn M	Memorial Park	Cumbonle	nd Al		
	UNERAL DIRECT Witzk	e P.A.	ADDRESS	25a. AA	16 1 9 1982	R 25h. (EGISTR	AR'S SIGNA	Buil

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the haspital or attending physician. BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shaws ony injury, or other traumatic event, the

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE . STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) LEMMING 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS. 4. RACE 5. DATE OF BIRTH 3. 5EX MONTH YE AR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE ASTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY ALTO. WIDOWED DIVORCED 4170 O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION) 136 COUNTY 3a. STATE 13c CITY OR TOWN 13d. INSIDE GHT LIMITS? 13ª STREET ADDRESS 2311 Whittier Avenue YES NO [ 110 210 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE James Clark Susie Clark ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) 212-16-0501 A Herbert Fleming 2311 Whittier Avenue No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Del IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? VONC. NO YES [ NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING - CHUSE OF DEATH ( IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21. PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE ... AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 82 saw the deceased alive an. and that in (my) (our) apinion death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death 77c DATE SUSNED 77h SIGNATURE ATTENDING MEDICAL should be determined the State MyPORTANT: DIRECTOR PHYSICIAN PHYSICIAN 1224 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS

DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR Larch

73b DATE

8/9/82

230. BURIAL CREMATION, REMOVAL

Burial

230 NAME OF CEMETERY OR CREMATORY

Baltimore King Memorial Park

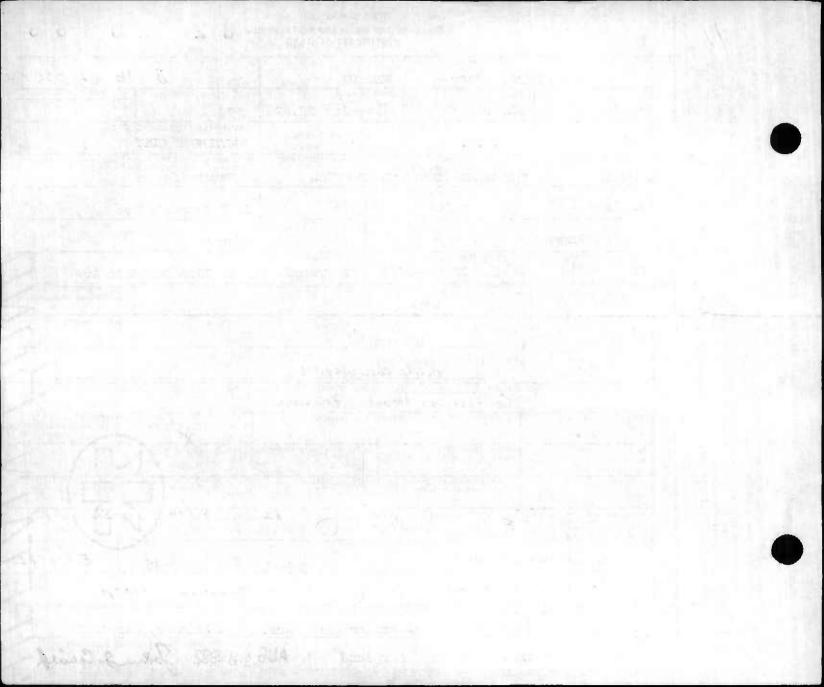
23d. LOCATION

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	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.		
T I		CEASED NAME OR PRINT)	FIRST		MIDDLE	TIT O	AST C	20. DATE OF DEATH	HTMOM	16 82	26. HOUR
	3. SE		NTONIE	4. RACE	ary	FLO:		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24			
M		Female		White			ember 22,87	94		MONTHS DAYS	HOURS MIN
7	70. BIRTHPLACE (STATE OR FOREIGN			76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY			,
LLD		TY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURS IN THE FACILITY, GIVE STREET ON MEMOR	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewif	F WORKING LI		OF BUSINESS O
3	13a. S	AL RESIDENCE (IF NUR TATE Maryland	13b. COUN		GIVE RESIDENCE BEFOR 13c CITY OR TOW Baltimo	VN .	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS 2809 Echod	lale i	Ave	
20	4 FA	THER'S NAME FIRST <b>Unk</b>	nown	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME Unknown		LAS	sT .
		/AS DECEASED EVER		MED FORCES? WAR OR DATES!	220-44-		17 INFORMANT Mr Francis T	ADDRE		dale Ave	2
any injury, ar ather traums	ATION	Conditions, if any gove rise to im couse (a), stati underlying cause PART 2 OTHER SIG	mediote ng the e last NIFICANT C	DUE TO, OI  (c)  ONDITIONS CO	R AS A CONSEOU  CLUM  DITRIBUTING TO  ESTIVE	elangi ENCE OF te cha DEATH BUT Flear t	tis  Lecystitis  NOT RELATED TO THE TERM  Failure  N WAS PERFORMED	MINAL DISEASE OR CONI	20b. IF YE	S, WERE FINDI	NGS USED
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rked or Item	MEDICAL	(IF EITHER NOTIFY MED  21d INJURY OCCUR  WHILE NOT WAT WORK AT WORK	RRED	P.	M.	19	21f LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
em 21 is mo		220.1 certify that (I) saw the decease abave, (I) (we) ( 22b. SIGNATURE	sed olive on_	8/16	19		d that i (my) (aur) apinion	, to	ote and had	19	
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IMPORTAN		URIAL, CREMATION,		23b. DATE	236. 1		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
1/81	14 FL	Entombment INERAL DIRECTOR Leonard J		8/18/8 Inc. Ba				E REC'D. BY REGISTRAR		Maryland TRAR'S SIGNAT J. C	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 shaped by filling with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1.	- STATE REGISTRAR		DEPARTMENT OF CERTI	FICATE OF DEATH	REG. N	10	
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	BELI	IA G.	Fe	OOTE		8-18-89	12 M
3. SE	X	4. RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		
L f	FEKALK	White	MON	3-21-05	77 75	YRS DAYS	HOURS
В	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8 MARRI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
L	Frederick. Md.	U.S.A.	WIDOW		Balts	imore (itu	
M. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT.		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b. KIND	OF BUSINESS C
-	Baltimore	Good San	aritan Hr	spitla	Home Make	OF WORKING LIFE) INDUSTR'	
13a :	AL RESIDENCE (IF NURSING HOME OF		DENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
-	Ml.	Ba	lto.	YES NO	5316 94	illiani Aug	
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE	woodpac nive	AST
		Renner		Unknow			
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	ADDRI	ESS	2120
<u> </u>	(11 125, 51	216	-28-9465	Mr. Conno P	Foods F	216 91:1.	1
	Conditions, if ony, which gove rise to immediate couse ia, stating the underlying cause lost	DUE TO, OR AS A	consequence of	Bonfarel	ion:		
CATION	gove rise to immediate couse (a), stating the	DUE TO, OR AS A (C)	CONSEQUENCE OF	ON WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, WERE FIND	INGS USED
TIFICATION	gove rise to immediate couse to stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A (C)	CONSEQUENCE OF		20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
AL CERTIFICATION	gove rise to immediate couse to stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.	DUE TO, OR AS A (CONDITIONS CONTRIBUTIONS CO	CONSEQUENCE OF  UTING TO DEATH BU  OR WHICH OPERATION  ON THE DAY YEAR	DN WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
	gove rise to immediate couse to stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A (CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS FOR ASSETTING CONTRIBUTIONS FO	CONSEQUENCE OF  UTING TO DEATH BU  OR WHICH OPERATION  ON THE DAY YEAR  19  ORY	216. HOW INJURY OCCURR	YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES TEM 18 PART I OR PART 2)	INGS USED IS OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to immediate couse lost stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT ( 198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE	DUE TO, OR AS A (CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS FOR ASSETTING CONTRIBUTIONS FO	CONSEQUENCE OF  UTING TO DEATH BU  OR WHICH OPERATION  TY  ONTH DAY YEAR  19	DN WAS PERFÖRMED  210. HOW INJURY OCCURR	200 AUTOPSY?  YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES TEM 18 PART I OR PART 2)	INGS USED
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	gove rise to immediate couse to stating the underlying cause lost underlying cause lost.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (I) EITHER NOTHY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOTWHILE ATWORK OT WHILE ATWORK ON OTHER ORDER OF DE. (I) (H) (this hosp) sow the deceosed olive on obove, (I) (we) (did) (did no 22b. SIGNATURE	DUE TO, OR AS A (IC)  CONDITIONS CONTRIBUTION FOR ATH HOUR A.M. MO P.M.  21e PLACE OF INJURATION FOR ATH HOU	CONSEQUENCE OF  UTING TO DEATH BU  OR WHICH OPERATION  RY  ONTH DAY YEAR  19  IRY  ORY OFFICE, FARM, ETC.)  sed from	216 HOW INJURY OCCURR 216 LOCATION STREET	YES NO CITY OR TO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  PRY IN ITEM 18 PART I OR PART 2)  OWN COUNTY  19 22. DAT  FF	INGS USED S OF DEATH? NO STATE
MEDICAL	gove rise to immediate couse lost stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (I) EITHER NOTIFY MEDICAL EXAMINE!  21d. INJURY OCCURRED  WHILE ATWORK ATWORK  220.1 certify that (I) (this hosping sow the deceased alive on obove, (I) (we) (did) (did not obove) (did) (did not obove) (did) (did not obove) (did) (did) (did not obove) (did) (did) (did not obove) (did) (d	DUE TO, OR AS A (C)  CONDITIONS CONTRIBUTIONS  19b. CONDITION FOR THE CONTRIBUTION FOR THE CO	CONSEQUENCE OF  UTING TO DEATH BU  OR WHICH OPERATION  ITY  ONTH DAY YEAR  19  IRY  ORY OFFICE, FARM, ETC.)  sed from  sed from  20  19  WEN  WEN  WEN  WEN  WEN  WEN  WEN  WE	216. HOW INJURY OCCURR  217. HOW INJURY OCCURR  218. H	ZOB AUTOPSY?  YES NO CITY OR TO  CITY OR TO  CITY OR TO  MEDICAL STAI  DIRECTOR PHYSIC	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  PRY IN ITEM 18 PART I OR PART 2)  OWN COUNTY  19 22. DAT  FF	STATE , that (h) (we) loe e causes stated
WEDICAL WEDICAL	gove rise to immediate couse to stating the underlying cause lost the underlying cause lost.  PART 2 OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE OF OPERATION  22a. I certify that (I) (this hosping sow the deceased alive an obove, (I) (we) (did) (did not cause)  22b. SIGNATURE	DUE TO, OR AS A (IC)  CONDITIONS CONTRIBUTIONS  19b. CONDITION FOR AITH HOUR A.M. MO P.M.  21e PLACE OF INJUITED FOR THE PLACE OF THE P	CONSEQUENCE OF  UTING TO DEATH BU  OR WHICH OPERATION  TO DEATH BU  TO DEATH BU  OR WHICH OPERATION  TO DEATH BU  TO DEATH B	216 HOW INJURY OCCURRED  216 HOW INJURY OCCURRED  216 LOCATION STREET  216 LOCATION STREET  217 Depth opinion of the properties of the pro	ZOO AUTOPSY?  YES NO CITY OR TO  CITY OR TO  CITY OR TO  MEDICAL STAIL DIRECTOR PHYSIC  DHARITA  Z3d LOCATION CITY OR TOWN  Balta	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES  PRY IN ITEM 18 PART I OR PART 2)  OWN COUNTY  19 22. DAT  FF	STATE  STATE  STATE  STATE  STATE

STATE OF MARYLAND

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# DIVISION OF VITAL RECORDS, 201 W PRESTON ST. BALTIMONE MARY LAND 21201

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIFIC	AIE UT DEATH	REG.	NO.		
		CEASED NAME	FIRST	Gi	eorge	LAST		20. DATE OF DEATH		DAY YEAR	2b HOUR
			ERNES		XX	FORD	JR.	AUGUST	12,1	1982	B:30A M
	3. SEX			4 RACE		5. DATE OF		6. AGE (IN YEARS LAST)	SIRTHDAY)	MONTHS DAYS	
		Male		Whi	te	Augus	t 4, 1929°	53	YRS		S HOURS MIN.
		RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8 AAABBIED	X NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
		îrginia		U.S.2		WIDOWED	DIVORCED [	BALTIM			MD
7		ALT IMOR		NAME OF I	HOSPITAL, NURSIN IS CHOPKET	G HOME OR NO STATE OF	SPITAL	120 USUAL OCCUPA (TYPE O CONTO	non ploye Lands	de lindustry caping	of Business or Y Co Retire
10	USUA 13a. S	AL RESIDENCE (IF)	MURSING HOME ON	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		d INSIDE CITY LIMITS?	13e. STREET ADDRESS	5		
2	V:	irginia	Midd.	lesex	Salude		YES NO	Route 1	Box 1	6D	
ξú	14. FA	ATHER'S NAME		MIDDLE	LAST	15	MOTHER'S MAIDEN NA	AME			
3		Ernest		orge	Ford Sr		Emilu	MIDDLE			IAST
		VAS DECEASED EN	ER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUI	RITY NO. 1	INFORMANT	ADD	RESS	<u>Terrell</u>	
5	()	YES, NO OR UNKNOWN	(IF YES, GIVE	E WAR OR DATES)	225 40 0	7.7.7	14				
		No			225-40-9		Mrs Dorothy	G Ford		Same	XIMATE INTERVAL
ч		PART I. DE ATI	H WAS CAUSE	ly one cause per DBY:	line for (a) (b), and	. /	Silv no			BETWEEN	NONSET AND DEATH
		2089	IMMEDIAT	E CAUSE (a)	KING	21	allure				wik
		2001		DUE TO, O	R AS A CONSEQUE	NCE OF A	4 1 4	-			
		Conditions, if a		(b)_	EM	mos	toste Le	externed	100		90
		gove rise to couse (b), st		DUETO	R AS A CONSTQUE	NCE OF				- /	
		underlying co	use last	(500.00	K AS A CONSEGUE	14CL 01					
1		PART 2 OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION C	SIVEN IN PART	los
	N O										
7	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WERE FIND	INGS USED
	IFIC								IN CER	TIFYING CAUSE	ES OF DEATH?
	ERT	21g. ACCIDENT WAS	LINDERLYING C	21b. TIME O	E INTHIBY	12	I HOW INTURY OCCUR	YES NO		YES	NO 🗌
2		OR CONTRIBUTING			M. MONTH DA	Y YEAR	1c. HOW INJURY OCCUR	KED LENTER NATURE OF IN	JURY IN ITEM II	8 PART I OR PART 2)	1
/	CA	(IF EITHER NOTIFY A		P.	M.	19					
	MEDICAL	21d. INJURY OCC	URRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		II. LOCATION	CITY OR	IOWN	COUNTY	STATE
	8	WHILE NO	T WHILE WORK	(**************************************	SEET, FACTORT, OFFICE, FA	akai, etc.)					
	10	220.1 certify that	(1) (this hospit	al) ottended th	e deceased from	. 81	4 10 82		12	19	that (I) (we) last
		sow the dec	eased alive an	810	2 19 2	3C_, and	that in (my) (our) opinion	death accurred on the	dote and h		
		22b. SIGNATURE	e) (did) (did-not	view the body	ofter death.		GREE				IE-SIGNED
		176	relle	Paro	Ch-	40	ATTENDING PHYSICIAN [	MEDICAL ST	AFF.	, 12. SA	1/2/82
		22d. PHYSICIAN'S	NAME (TYPE OF	PRINT)		12	2e ADDRESS	_ DIRECTOR FITTS	CIANLA		7. 10-
		1/200	192	MA	124		Cobas	Hankins	- 44	or of	2/
-	22. 0	1650	11011			14445 05 05	Com	Towns with	, ,,,	3/101	7
	ZJa B	SURIAL, CREMATIC	ON, REMOVAL	23b DATE			ETERY OR CREMATORY	238 LOCATION		COUNTY	STATE
		Buria		8/14/	182 5	unset	Memorial Pk	41100 002			
	24 FL	JNERAL DIRECTOR	2	, ,	ADDRESS		250 RA	TEMECID BY REGISTRA	R 25h REGI	STRAR'S SIGNA	PRE
		Leonar	A T Purc	L Tra	Da 7 + i man		, ,	10 100	10	mon	money

Leonard J Ruck Inc. Baltimore, Maryland

DHMH - 16 50M I/B1 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR.

shauld be detoched for use as the turnal-transit permit. Then pleas with the State Dept. of Health and Minnal Hygiene prior to burial,

ANGRES II, II, E. . I SEE

## O HOSPITAL OR ATTENDING PHYSICIAN: The low tained by the haspital ar attending physicia

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	200			

	REGISTRAR		CENTIL	TORTE OF D	EATH	REG. NO.					
1. DE	CEASED NAME FIRST	WIDDLE		LAST		20 DATE OF DEATH MONTH	DAY YEAR	2b HO			
(TYP)	SHIRLEY	Μ.	F	ORD		R	1 82	739			
-		ae				U		12-	- 9 M		
3. SE	X	4. RACE	5. DATE (		YEAR	6. AGE   IN YEARS LAST BIRTHDAY)	MONTHS DAYS		R 24 HRS		
	Female	Black	1.2		48	33 YRS		, nouks	Mills.		
fii. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NITDV2 8			9. BALTIMORE CITY OR COUN			1		
	COUNTRY)	TO CHIZEITOI WHAT COO	MARRIE	D NEVER M	ARRIED X	_					
	ryland	USA	WIDOWE		ORCED _	BALTIMORE C	T.T.X		MD.		
11), C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N				12a USUAL OCCUPATION		OF BUSIN	ESS OR		
1	BALTIMORE	"UNION" MEM	ORIAL HO	SPITAL		TITPE OF WORK FOR MOST OF WORKING	, LIFE) INDUSTRI	1			
USD	AL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE	F REFORE ADMISSIONI								
13a.	STATE 136 COU	NTY 13c CITY O	RTOWN	134 INSIDE CI	ITY LIMITS?	13e. STREET ADDRESS					
M	aryland	Balt	imore	YESXX	NO 🗌	1274 Kitmor	e Road				
14 F/	ATHER'S NAME				MAIDEN NAM						
1	FIRST		\ST		FIRST	WIDDLE		AST			
1	Henry		rd		nnie	L.	W1	lson	L		
	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 16b. SOCIA	L SECURITY NO.	17 INFORMA	NT	ADDRESS					
'	No		N/A	Annie	e Lee	Ford 1008 Be	aumont	Ave	nue		
				0 /	7	,	1 APPRO	DXIMATE INTE	FRVAL		
	18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUS)	ED BY:	(b), and (c	0 4	10.		BETWEEN	N ONSET AND	D DE ATH		
	MMEDIA	TE CAUSE (a) orntua	crani	ax TI	emmi	orrhade	1/4	Louis			
	4329	DUE TO, OR AS A CON	ISECULENCE OF								
	Canditions, if any, which	-0-0-	Janan	+ 41	mont	onsimo	d	11)00	KC		
	gove rise to immediate	(b) /// (d)	-grean	1 / 9	12011	C7 C3/O//		700	-3		
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
	underlying cause last	( o Trev	ious h	tercro	inial	neumorrhag	2 2	wee	KS_		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CONDITION O	GIVEN IN PART 1	la			
N	Preumoni	1									
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFO	PMED	20g AUTOPSY? 206. IF	YES, WERE FIND	INGSTIE	- 0		
10	TONGUESCO	TP.		_			TIFYING CAUSE				
1 €	MONOREON IO	MY KESPIRAT	rory t	AILUR	3	YES NO -	YES -	- NO (			
8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)				
4	OR CONTRIBUTING CAUSE OF DE										
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	211 LOCATIO	NA.I						
l iii		21e. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE FARM, ETC.)	STREET	719	CITY OR TOWN	COUNTY		STATE		
1	AT WORK AT WORK					,		_			
	22a.1 certify that ( (1this hasp	oital) attended the deceased	from 7/18	2	19.62	ta8/1	19.82	that (IC	(we)last		
	saw the deceal thall ve or	8/1	00'	nd that in (mw	(qur) poinion de	eath occurred on the date and h	agus and from th				
	abave (If (we) (did)   didn)	at view the body after death			~	The second of the date and the			area		
	22b. SIGNATURE	1 1.1		DEGREE			22c. DAT	SIGNED			
	Claire	Q liellyting	2 1		TTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	181	106	2		
	224. PHYSICIAN'S NAME TTYPE	OR PRINT)	-	22e ADDRES	_	Pinterok - Tittoleini G	10/	10			
		0									
	DAVID LEI	CHTLING MD		UNI	ON MEMO	RIAL HOSPITAL					
23q.	BURIAL, CREMATION, REMOVAL	736 DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION					
	SPECTURIAL	8/5/82	Arbut	us Cer	neterv	Arbutus,	COUNTY	М	STATE		
_	UNERAL DIRECTOR	1-7-7-2	112530	20 001			ICAN A DIE CIC.				
		AD.	DRESS		250. LA LE	REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNA	TURE			
W	m. C. March	F/H 1101 E.	North	Aveue	0.30	1 1706 Ma	once I day	Mary.	26		
								The second name of the last	_		

DFMH-16 50M I/81 (VRA 15, 4)

shauld be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been

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		OR PRINT)	Pay.	Tamell	la Fo	8d 20.	6/15	B 2 YEAR 2b.
1	1.58	Male	CHACE N	hite /	5. DATE OF BIRTH	*82 6 A	GE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF I
35	- 00	RTHPLACE (STATE OR FORFIR OUNTRY)  Maryland	Wash	ington V	MARRIED   NEVER	MARRIED T	ALTIMORE CITY OR CO	re City
Parities	B	attmore	P (IF NOT IN S	more The	14 HO3		USUAL OCCUPATION E OF WORK FOR MOST OF WORK	KING LIFE) 126 KIND OF BUINDUSTRY
od Sanda			COUNTY hahingto	13c CITY OR TOW Hagers	OWN YES [	140	SIRET APPRESS lan	Drive
2010		ATHER'S NAME FIRST	MIDDLE	LAST		S MAIDEN NAME FIRST  TAME	MIODLE	Ford
medico		VAS DECEASED EVER IN YES, NO OR UNKNOWN)' (IF	U.S. ARMED FORCES' FYES; GIVE WAR OR DATES)	? 166 SOCIAL SECL	JRITY NO 17. INFORMA	ANT	ADDRESS	
matic		1670		ORAS A CONSEQUI	ENCE OF	Rumn	thovax	
ta buriol, cremotion, ijury, or ather traumo	ATION	Two um.	hich (b) diste (b) DUE TO, ICANT CONDITIONS.	ops a consecution of the contributing to	ence of the S DEATH BUT NOT RELATED SSOUNTED	mnd no to the terminal e ? conqu	en. interna	naturily IN GIVEN IN PART 100 al organ a
ony injury, or ather	CERTIFICATION	gove rise to immed couse 101, stofting underlying couse  PART 2 OTHER SIGNIFITMO Um a 190 DATE OF OPERATIO  210. ACCIDENT WAS UNDERL	thich (b) distributed (b) distributed (c) dist	CONTRIBUTING TO	ENCE OF LOS SEATH BUT NOT RELATED SCOULATED TOPERATION WAS PERFO	onndry  To THE TERMINAL  CONGLETE  CONGLETE  Y	ue & Pren  DISEASE OR CONDITIO  DISEASE OR CONDITION  DISEASE OR CO	naturily  IN GIVEN IN PART 10  AL Organ a  IF YES, WE'VE FINDINGS  CERTIFYING CAUSES OF  YES   N
and Mental Hygiene prior to buriol, cremed ar Item 18 shows ony injury, or ather	MEDICAL CERTIFICATION	gove rise to immed couse 101, stofing underlying couse  PART 2 OTHER SIGNIFITMO Um a 190 DATE OF OPERATIO  210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU: (IF EITHER, NOTIFY MEDICALE:  21d. INJURY OCCURRED WHILE NOT WHILE	chich (b) dister (b) dis dister (b) dister (b) dister (b) dister (b) dister (b) dister (	CONTRIBUTING TO	DEATH BUT NOT RELATED SOCIAL TELES OPERATION WAS PERFO  AY YEAR 19 211. LOCATION	onndro  To THE TERMINAL  Congression  To THE TERMINAL  TO	DISEASE OR CONDITION  DISEASE OR CONDITION  INTERNA  DIS AUTOPSY?  INC  ES   NOTE	naturily  IN GIVEN IN PART 10  AL Organ a  IF YES, WE'VE FINDINGS  CERTIFYING CAUSES OF  YES   N
of Health and Metrici Hygiene prior to bursol, crem 21 is morked or Item 18 shows any injury, or ather		gove rise to immed couse (a), stofing underlying couse  PART 2 OTHER SIGNIFITMO UM (a)  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDERLOW (IF EITHER, NOTHEY MEDICALE)  21d, INJURY OCCURRED WHILE ATWORK ATWORK  22a, I certify that (b) (the	chich (b) diote the he h	CONTRIBUTING TO  CONTRIBUTING TO  SSELS A  JOITION FOR WHICH  OF INJURY  A.M. MONTH D.  P.M.  E OF INJURY  STREET, FACTORY, OFFICE, I	DEATH BUT NOT RELATED SOCIAL TELES  OPERATION WAS PERFO  AY YEAR  19  21f. LOCATIC STREET  Ond that in (my)	TO THE TERMINAL CONGLETE PRIMED  JURY OCCURRED  ON  2, 19	DISEASE OR CONDITION  OF AUTOPSY?  ES OF NOTE  CITY OR TOWN  TO OCCUPTED ON THE ORIGINAL OF THE ORIGINAL ORIGIN	naturity  IN GIVEN IN PART 1:0  AL Organ a  IF YES, WARE FINDINGS  CERTIFYING CAUSES OF  YES   EM 18. PART 1 OR PART 2)  COUNTY  COUNTY  Ad hour ond from the county
Health and Mental Hygiene prior to buriol, crem is morked or Item 18 shows any injury, or ather \( \begin{array}{c} \limin \limin \extremath{\text{App.}} \rightarrow \limin \rightarrow \extremath{\text{App.}} \rightarrow \		gove rise to immed couse (a), stofing underlying couse  PART 2 OTHER SIGNIFITMO UM (a)  19a DATE OF OPERATIO  21a, ACCIDENT WAS UNDERLOW (IF EITHER, NOTHEY MEDICALE)  21d, INJURY OCCURRED WHILE ATWORK ATWORK  22a, I certify that (b) (the	chich (b) diote the the lost (C) ICANT CONDITIONS.	CONTRIBUTING TO  CONTRIBUTING TO  SSELS A  JOITION FOR WHICH  OF INJURY  A.M. MONTH D.  P.M.  E OF INJURY  STREET, FACTORY, OFFICE, I	DEATH BUT NOT RELATED SOCIAL TELES  AY YEAR  19  211. LOCATIC STREET  A Ond that in (my)  DEGREE  22e ADDRES	DIO THE TERMINAL CONGLICATION ON  Z, 19 (our) opinion death ATTENDING M PHYSICIAN DIII	DISEASE OR CONDITION  ON. INTERNA  ON AUTOPSY?  ES   NOTE  CENTER NATURE OF INJURY IN ITE  CITY OR TOWN  TO COCCUTTED ON the date on  EDICAL STAFF  EECTOR DEPHYSICIAN [	natury  N GIVEN IN PART 1 10  L OYGAN A  IF YES, WE'VE FINDINGS CERTIFYING CAUSES OF  YES NATIONAL OF PART 2)  COUNTY  COUNTY  And hour and from the county  I D N 10  I D N 10

B and the state of 37. F. 1 9.0015 niionet and

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-tran it permits with the State Dept. of Health and Mental Hygiens print Hem 18 sh

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	2	0 3	7 1
	CEASED NAME FIRST JOSEP	H McKINLEY	FORRI	EST	20. DATE OF DEATH	8 17		2b. HOUR 1:00 aw
3. SE	X 4	I. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS
M	ale	Black	9 MONTH	3 YEAR 21	6		ONTHS DAYS	HOURS MIN.
V	i rginia	b. CITIZEN OF WHAT COUNTRY  Usa	WIDOWE		9. BALTIMORE CITY O	COUNTY C		МО
В	altimore	1. NAME OF HOSPITAL, NURSI	E, MAI		120. USUAL OCCUPATION OF THE OF WORK FOR MOST O			OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT ryland		WN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 5101 Pem	bridg	e Ave	nue
14. FA	THER'S NAME FIRST Ortha	Forr	est	15. MOTHER'S MAIDEN N  FIRST  Iola	AME		Mad	ison
	VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE Yes	WAR OR DATES!		Lenora Gr	egory 5101			Ave
	PART I. DEATH WAS CAUSED  [MMEDIATE  Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause lost.	BY:	JENCE OF	Lung				
NOI	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TER		OITION GIVE	N IN PART 1	a·
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH? NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH (	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that ₹ (this hospite	august 17 19	JULY 82	22 , 19 <u>82</u> nd that in (My) (aur) apınia	, to <u>AUGUST</u> n death accurred on the do			that201 (we) last causes stated

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

ATTENDING

PHYSICIAN

Cem.

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Md. Veter

23d. LOCATION Crownville

MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY STATE

22c. DATE SIGNED

24 FUNERAL DIRECTOR

22h. SIGNATURE

230. BURIAL, CREMATION, REMOVAL (SPBURIAL

M arch F/H 1101 E. North Avenue

23h. DATE 8/19/82

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

MPORTANT: IF

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		TARGET .
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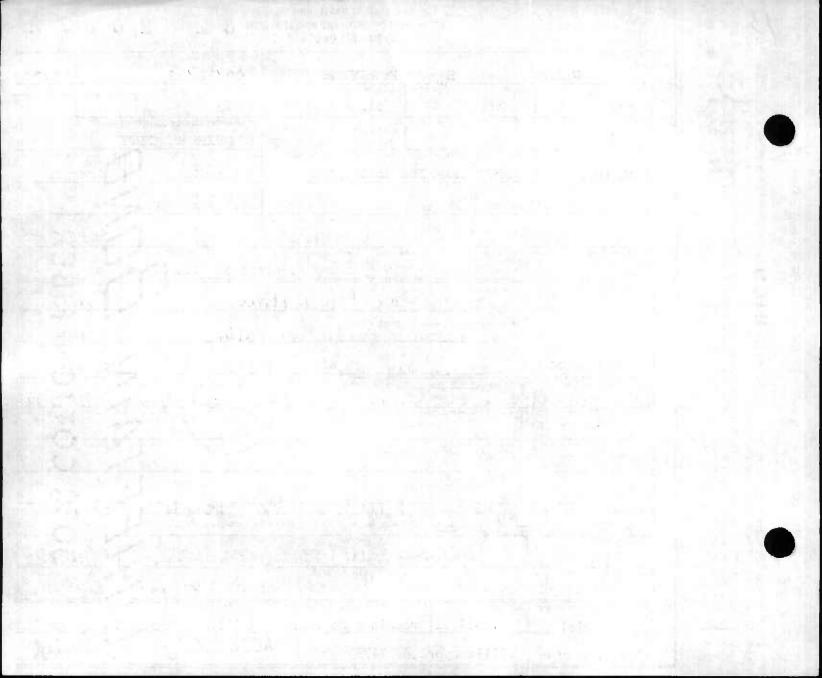
TO FLINERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coin hauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death graffice talestoined by the hospital or attending placesing

BP. DHMH-16 30M 2/80 (VRA 15, 4) FOR

1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HICATE OF DEATH	IYGIENE 8 2	2 (	0 3	7 2
	CEASED NAME FIR	ST	MIDDLE	L	AST	20 DATE OF DEATH		YEAR	2b. HOUR
(TYPE	OR PRINT)	LTER	Eugene	FOR	SYTHE	08/18/8	2.		12:33
I SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS
	Male	Whit	e	Feb	. 15,1919	63	YRS.	VIHS DAYS	HOURS MIN.
Je. Bi	RTHPLACE (STATE OF FOREIG	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		FDEATH	
1	Maryland	USA		WIDOWE	NEVER MARRIED		E CITY		MD.
10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
	ALTIMORE	JOHN:	HOPKIN	S HO	SPITAL	Technici		Airc	raft
13a. S Ma	aryland Wa	COUNTY ash ington	136. CITY OR TOW Williams	'N	13d. INSIDE CITY LIMITS YES NO K	?   13e. STREET ADDRESS   Rt.3 Box #	343		
14. FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	14.	LAS	1
		rthur	Forsyth		Annie	Dewey	u.u.l.	Poff	enberger
	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE			
	yes .		214-14-6		Devona M.F	orsythe (ite	m 13 ab		
	PART I. DEATH WAS C	nter only one couse pe CAUSED BY: MEDIATE CAUSE (o)	r line for (o), (b), an	lai	Corne	sa		BETWEEN	DISET AND DEATH
	1.10	DUE TO, C	R AS A CONSEQUE	ENCE OF	110	261		0 4	. AM
	Conditions, if ony, whi gove rise to immedia		Men	eo e	alallus	paru		Geo	INUS .
	couse (a), stating to underlying couse la	the DUE TO, C	PAS A CONSEQUE	ENCE OF	arthy (	disease		yes	19.
z	PART 2. OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	ITION GIVEN	IN PART 10	1. 1. 0
CERTIFICATION	190. DATE OF OPERATION	JOHC ON	VOLUM EOR WHICH	OPERATION	N WAS PERFORMED	L DCU NIOC	20b. IF YES, W	VEDE EINIDIA	0119W
FIC	170. DATE OF OPERATION	170 001	THOR FOR WHICH	OFERATIO	N WAS PERFORMED		IN CENTIFYIN	NG CAUSES	OF DEATH?
H E	21a. ACCIDENT WAS UNDERLYI	ING 216. TIME C	OF INJURY		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	YES [	1 OR PART 2)	но 🗌
	OR CONTRIBUTING CAUSE	OF DEATH HOUR A	M. MONTH D	AY YEAR		THE VEHICLE OF HOUSE	THE TO, TAKE	1 01 2 2	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EX		M. OF INJURY	19	21f. LOCATION				
ME	WHILE NOT WHILE E	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	VN	COUNTY	STATE
	22a I certify that (I) (this	hospital) attended th	ne deceased from_	Ally		82, 10 pup	19.	85	that (I) (we) lost
	sow the deceased of obove, (1) (we) (did) (	did not) view the body	ofter death.	XZ, d	d that in (my) (our) opini	on death accurred on the do	te and hour or	nd from the	couses stated
	22b. SIGNATURE	re le 1	welew	_	DEGREE ATTENDING PHYSICIAN			22c. DATE	SIGNED
	SHELL	TYPE OR PRINT)	NOL	MU	Johns H	pk vis thog	rital	Bo	elto.
	BURIAL, CREMATION, REM				EMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN		OUNTY	STATE
	Burial	Aug.2	3,1982 Gr	een la	wn Mem.Park	Williamsp			
100	Major M. Osbor	rne Will	iamsport,	MD 21	795	AUG 25 1982	25K BEGISTRAI	R'S SIGNAT	hield

STATE OF MARYLAND



Wm.C. March F/H 1101 E. North Avenue

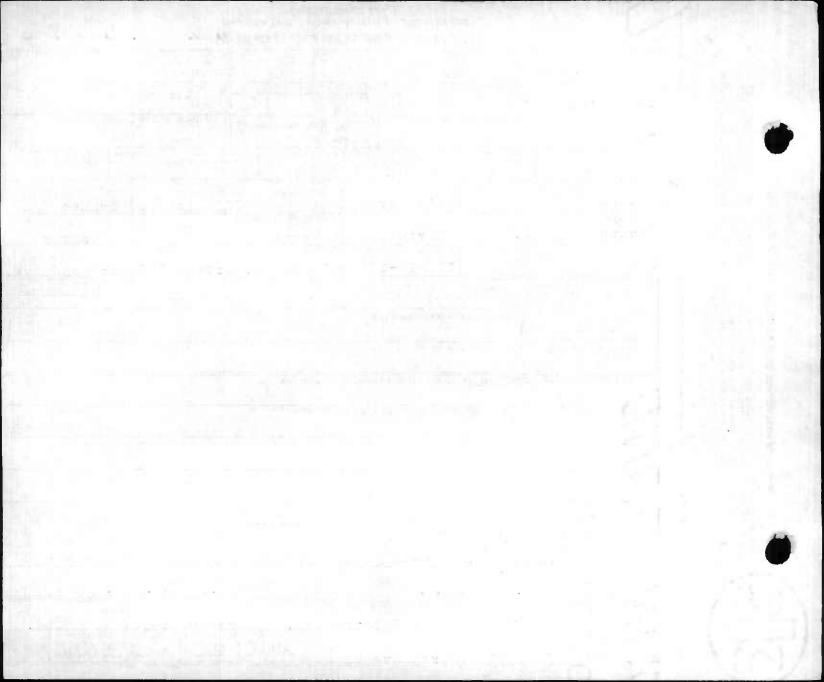
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE REGISTRAR

20M 4/B2



1	1			STATE	OF MARYLAND			
1	T	FOR	DE	PARTMENT OF H	EALTH AND MENTAL HY	GIENE 8 2	20:	374
1	1.	REGISTRAR		CERTIF	CATE OF DEATH	REG. N	0	
ì		CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
	1 CAME	MAR	24	Fos	TER	8/20/	82	12:08PM
	1. SE		4 RACE	5 DATE O		6. AGE (IN YEARS LAST BI		117
	-	<i>t</i>	13	MONTH	- 12 dilla	66	YRS.	S HOURS MIN.
78	7e. Bl		Th CITIZEN OF WHAT COU	NTRY? 8	1	9. BALTIMORE CITY	OR COUNTY OF DEATH	
5		HITIMORE	U.SA.	MARRIE	DIVORCED	BAHimo	OVE CI	ty MD.
7/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		ROTHER INSTITUTION	120 USUAL OCCUPAT	ION 126. KIND OF WORKING LIFE) INDUSTR	OF BUSINESS OR
1	130	TIMOVE		OSPITA		Housel	Si Ce	
21		AT RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION GIVE RESIDENCE TY H3c CITYO	R POV N	13d INSIDE CITY LIMITS?	130, STREET ADDRESS.	100	
0	M	ary land	110	more	YES 🔛 NO 🗌	1627 E.	32mg Stre	et
200	14. EX	ATHER'S NAME	AIDOLF 2	AST.	15. MOTHER'S MAIDEN NA			
U	2	ony Box	rd Se	th	MINTIE	MIODLE .	RAIN	es
1		VAS DECEASED EVER IN U.S. ARA	ED FORCES? 16b SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	SS	
		NO (IF TES, GIVE		2-8014-A	Armrow t	oster 16:	17 8,32 場	Street
		18 CAUSE OF DEATH (Enter only	y ane cause per line far (a),		1.74.1.000			OXIMATE INTERVAL EN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY. CAR		LMONARY	ARRES		IN ORDER AND DEATH
٠,		4960	DUE TO OR AS A CON	7.1	0, 10, 17, 10,	7.1.5		
		Canditions, if any, which	( L) CENE	- 11	mir obstru	ctrice rulen	wanne	
		gave rise to immediate cause (a), stating the	)		and Dasing	Diere justin	conary	
		underlying cause last	DUE TO, OR AS A CON	ISEQUENCE OF	anite no	reconsoff,	MAN	
		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	IG TO DEATH BUIL	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN IN PART	110
	S S	Hea	my Sm	oker		ysterecto	Dun-	110
6	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		20a AUTOPSY?	206. IF YES, WERE FINE	DINGS USED
1	Ĭ	1972	1	Bleedin	ra	YES TO NOT	IN CERTIFYING CAUS	ES OF DEATH?
4	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		. HOW INJURY OCCUR			Jan 1
1	4	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR				
~	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION			
	8	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY	OFFICE, FARM ETC )	STREET	CITY OR TO	OWN	STATE
		220.1 certify that (1) (this haspite	al) attended the deceased	fram #	123 1082	- 10 87	20 10 8 2	that (1) (we) last
		saw the deceded dive an above, (1) we vidid) did not			d that in (my) (aur) apınian	death accurred an the d		
		The SK-NATURE	view the body after death.		DEGREE			TE SIGNED /
		Quaria	na Karl	Sinals	MATTENDING	MEDICAL STA	FF M	8/20/82
1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	00,000	22e ADDRESS	DIRECTOR PHYSIC	IAN	8/00/00
		KASTT	RINAKIS		BALTIMO	RE CITY	HOSPITAL	_
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CE	METERY OR CREMATORY	23d LOCATION		1 4
		BUNA	8-25-52	MtAL	Urn Cemeta	ry Battimo	WE COUNTY	Ary ANCE
	4"	IMERAL DIRECTOR	3	DDET:		FREC'D BY REGISTRAR	25b. R. GISTRAR'S SIGN	
	U	Illiam J.ST	Dicer 16:	39 M. 3r	andway A	UG 2 4 1982	Johns	, coming
	_							

hould be detach with the State Des MPORTANT: # # 

TO FUNERAL DIRECTOR

STATE TOWNS TO the state of the s CONTRACTOR STATE STATE OF THE S the term is the result in with a granding the ALD THE STATE OF THE PROPERTY requires that the death certificate be executed within 24 hours ofter death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

5

	REGISTRAR		CERT	ILICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST	٨	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	2h HOUR
17,710	CHA	CLES	C. # #	-out	8/1	5/82		705
(SE)	X	4. RACE	5 DAT	E OF BIRTH	6. AGE (IN YEARS LAST BI		UNDERTYEAR	IF UNDER 24 H
	Mala	Whis	to So	ept. 29. 1907	74	YRS.	INTHS DAYS	HOURS
81	HTHPLACE LATE OF FOREIGN		WHAT COUNTRY? 8		9 BALTIMORE CITY		F DEATH	
M	aruland	USA		RIED NEVER MARRIED WED TO DIVORCED	Baltimo	_		
-	ITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HOM	0.00	12g USUAL OCCUPAT		126 KIND O	F BUSINESS
R	Raltimore	(IF NOT IN SUCI	rcy Hospital		( Lotring (	OF WORKING LIFE)		w Bro.
200	AL RESIDENCE (IF NURSING HOM			N)	( tox to ag		/ Comeo ic	
38.0	uland 13b cc	YTAUC	Baltimore	134 INSIDE CITY LIMITS?	13443 E. For	t Ave.B	Palto.	W.
4.FA	ATHER'S NAME	MIDDLE	LACT	15. MOTHER'S MAIDEN NA				
	Austin	(.	Fout	Nettie	WIDDLE		Ruby	
	VAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY NO	17. INFORMANT	ADDR	ESS		
()	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	215-03-4474	Mr. Donald (.	Fout, 1432 9	Liversi	to Ave	Balt
	18 CAUSE OF DEATH (Enter	anhi ana saura nar	=- , - , - , - , - , - , - , - , - , - ,	Trice Bortanat .	10000,1172 1	127 2 0 0 0 0	APPROXI	IMATE INTERVA
	PART I. DEATH WAS CAU	JSED BY	1 / 1 0	ochridid Info	inction		BEIWEEN	SINDE I WIND DE
CERTIFICATION	PART 2 OTHER SIGNIFICAN		DNTRIBUTING O DEATH B		AINAL DISEASE OR CON		V IN PART 10	100
TIFIC/	DATE OF OPERATION	176 CONDI	TION FOR WHICH OPERAL	ION WAS PERFORMED	YES NO		NG CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4 4	FINJURY M. MONTH DAY YEA	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM IB PART	T L OR PART 2)	Tark To
CAI	(IF EITHER NOTIFY MEDICAL EXAM		M. 19	9				
MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STAT
~	AT WORK AT WORK							
	22a I certify that (1) (this ha	ospital) ottended the		E/14 19 82	, to		82	that (I) (we
	sow the deceosed alive obove, (I) (we) (did) (did	not view the hade	after death 19 82	and that in (my) (our) opinion	death occurred on the c	ate and hour o	and from the	couses state
	22b. SIGNALUM	Herr tile body t	11	DEGREE			22c DATE	SIGNED
100	1/2	ad 76	-	ATTENDING PHYSICIAN	MEDICAL STA		8/	15/87
	22d PHYSICIAN'S NAME STY	PE OR PRINT	-	22e ADDRESS	_ D.M.C.TOK FIII31		7'	
	751	WIN, ME	2					
220 D	BURIAL, CREMATION, REMOV	C Internation	122. NAME OF	F CEMETERY OR CREMATORY	Tast to CATION			
	(SPECIFY) Burial	Aug. 18,	1982 (edar		Baltino	20	Marul	and STAT
24 E1	JNERAL DIRECTOR	, my	. Joz Caure	24220 la avi		10	rury	WW.
		// 420	ADDRESS A	21230 130. DA	1161 21982	256 REGISTRA	AK S SIGNAT	ethic
q	ully Funeral	Home, 130	c. Fort Ave. B	alto. Md. A	100 1 0 1005	10		

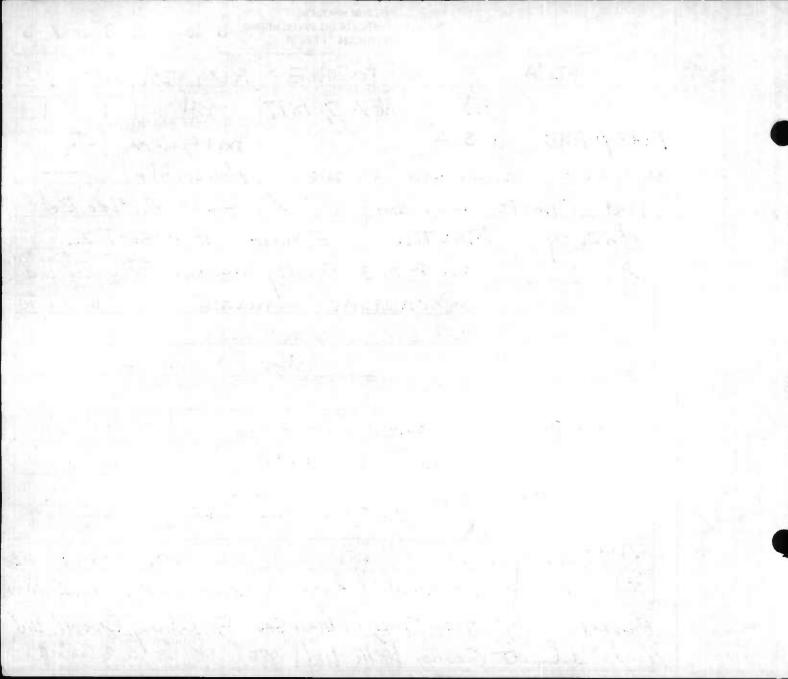
24 FUNERAL DIRECTOR 21230 How Lity Funeral Home, 130 E. Font Ave. Balto. Md.

BP. HMH - 16 50M 1/B1 (VRA 15, 4)

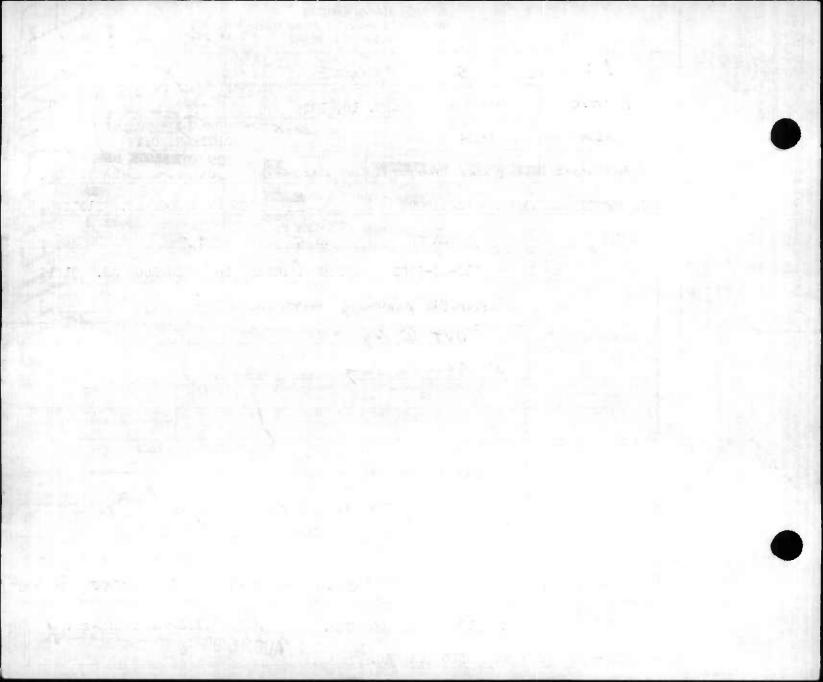
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the FOR STATE

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y	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 2	0 3 7 6
moy be		CEASED NAME FIRST MIDDLE EDNA X 14 RACE	FOWBLE Is. Date of birth	20. DATE OF DEATH MONTH DAY  A US 29  6 AGE (IN YEARS LAST BIRTHDAY)	Y YEAR 26 HOUR 340 M
Page 4	la. B	IRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHA	AT COUNTRY? 8	9 BALTIMORE CITY OR COUNTY O	OF DEATH .
fer deoth	1	(IF NOT IN SUCH FAC	MARRIED NEVER MARRIED DIVORCED	Baltum 120 USUAL OCCUPATION (TYPE,OF, WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
4 hours of	USU	ALTIMORE SINAM  ALRESIDENCE I MUDICIO OR OTHER INSTITUTION, GIVE  TATE  13c.	HOSPITAL INC.	HOUSEWIFE  13e. STREET ADDRESS  7	
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours yitettill und completinly filled lie b open. Pages 1 and 2 should be fill out.	14. F	ATHER'S NAME	THE TIME THE SMALLEN NAME OF THE SMALLEN NAME	A BLAUBL	Ter Rd;
be execute	16n. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 YES, HOOR THE HOWN! (IF YES, DIVE WAR OR DATES) 2	social security no. 17 INFORMANT 20-50-0883 Dovothy	MASILIONE GL	1 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -
certificate physical portugues to the contract	18	18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	tar (a), (b), and ic. I	ILURE	BETWEEN ONSET AND DEATH
the death the attend temore co		Conditions, if any, which gove rise to immediate couse (a), stating the	A CONSEQUENCE OF  A CONSEQUENCE OF		
RDS, 301 W equires that a signed by Then pleose to buriol, cr	z	underlying couse lost.	RIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MDRILLAGE INAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
OLYSION OF VITAL RECORDS, 301 W. PRESTON ST., and PRINCIPAL The law requires that the death certificate that been signed by the attending parties that certificate has been signed by the attending parties that be an important the builds from the principal parties that we have been principally been according to the standard parties and the standard parties are standard parties.	CERTIFICATION	8-29-82 UG	N FOR WHICH OPERATION WAS PERFORMED  THEN OLD REPORTED	200. AUTOPSY? 20b. IF YES, V IN CERTIFYII YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO
ON OF VIII	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING   21b, TIME OF IN OR CONTRIBUTING   CAUSE OF DEATH HOUR A.M. (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 21d, INJURY OCCURRED   21e PLACE OF IT	MONTH PAX YEAR N/A	ED (ENTER MATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
DIVISION OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OTH	WE		ACTORY OFFICE, FARM, ETC.) STREET	city or town	COUNTY STATE  87 that (I) (we) lost
OR ATTEN DIRECTOR school for u Dept of Ht		saw the deceosed plive on 20 20 obove, (1) (we) total did not) view the body offer	19 27 ond that in (my) (our) opinion of death.  DEGREE	death occurred on the date and hour o	
O HOSPITAL C trained by the O FUNERAL E hould be detected who Strate D		272 PHY ICIAN'S NAME ITHE OFFICE	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	AUG 29,190
OO OBP	23a. I	BURIAL CREMATION REMOVAL 138 DATE	PARRY SINA 1 H	OSPITAL, BAL	Carrol Pinty
DHMH - 16 60M 7/73 (VR A 15 (4))	24.5	INERAL DIRECTOR PLANET OF	ADDRESS Mills Lud SE	P 1 198?	2. Coming



31		1.	FOR - STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARY EALTH AN ICATE O	D MENTAL HY	GIENE 8	REG. NO.	2	0 3	3 7	7
	(M)		CEASED NAME E OR PRINT)	FIRST ADNA		S.		ANC	E	20. DATE OF		5 21	Y YEAR	2b. HOUR	Au
	ge 4 mm sector.	3. SE	* MAK	9	4. RACE WH	176	SEPT	DE BIRTH	1926	6. AGE (INY	EARS LAST BIRTH		UNDER I YEAR		HRS MIN,
•	eoth. Pog nn 72 hou		IRTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUN	TDV2 9	D NEVE	R MARRIED M		TIMORI	COUNTYO			MD.
10	by the full with filled with	12 1920	BALTIMO	KE	(IF NOT IN SUC	HACILITY, GIVE	tos PITAL		SALTIMON	TYPE OF WORK	CCUPATION FOR MOST OF V	VORKING LIFE)	INDUSTRY	IT CO.	SOR
AND 212	filled in sould be	13a	AL RESIDENCE (IF NURSE STATE MD.		OTHER INSTITUTION TY IMORE	13c. CITY OR BALTI	101111	13d INSIDI	E CITY LIMITS?	13a STREET A	ADDRESS VERBR(	OOK RD	). 21	212	
BALTIMORE, MARYLAND	ompletely ond 2 sh	14 F	HARVEY	Α	AIDDLE	FRA		15 MOTHE	FIRST ALICE	ME	WIDDLE		SAUND		
TIMORE	be execu		MAS DECEASED EVER II YES, NO OR UNKNOWN) YES		WAR OR DATES)	166 SOCIAL 212-28	-7903	17 INFOR	MANT CH F. DYI	KES 30	ADDRESS 9 OVE		RD.	21212	2
IDS, 201 W. PRESTON ST.,	equires that the death certification is signed by the attending pto the please remove carbon pto buriol, cremotion, or remotive, or other traumotic ever	NO	PART 1. DEATH WAR	which ediote the lost	DUE TO, O	OVT	EOUENCE OF	y.	embolis		OR CONDI	TION GIVEN	IN PART 11	01	
AL RECOR	the low re ion.  thos been if permit. liene prior	CERTIFICATION	19a DATE OF OPERATI	ION	196 COND	ITION FOR W	HICH OPERATIO	V WAS PER	FORMED	20a AUTO				NGS USED S OF DEATH	?
DIVISION OF VITAL RECORDS,	(SICIAN: 1 ing physic certificate uniol-trons Aentol Hygel frem 18 sh	MEDICAL CER	21a, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	P.	M. MONTH M.	DAY YEAR		INJURY OCCUR	RED (ENTERNAT	URE OF INJURY I	N ITEM 18 PART	I OR PART 2)		
DIVISIO	NG PHY (frer this os the b th ond A orked or	MEC	21d. INJURY OCCURRI	E 🗆		OF INJURY REET, FACTORY OF	FICE, FARM, ETC.]	21f. LOCA			CITY OR TOWN		COUNTY	STA	16
•	PITAL OR ATTENDI by the hospitol or VERAL DIRECTOR: A be detoched for use Stote Dept. of Heal ANT: if them 21 is m		22a. I certify that (1) ( sow the decease above, (1) (we) (di 22b. SIGNATURE	d olive on d) (did not	View the body	1/0	19 82, or	DEGREE		death occurred  MEDICAL  DIRECTOR [	STAFF	~	22c. DATE		ed
	TO HOSP retained I TO FUNE should be with the SIMPORTA		E. L	-111	PRINT)				141 401	PATIE	OF B	ALTIA	ORE	, 21	2/1
000	BP		BURIAL, CREMATION, R (SPECIFY) BURIAL UNERAL DIRECTOR NAME	EMOVAL	AUG. 21		PARKWOC				VILLE	BALTI	0 /	MD: STAT	TE
	(VRA 15, 4)	M	ITCHELL-WII	EDEFE	LD HOME				A	JULI O I	4				



	1.	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2	20378
A Section of the sect	(TYPI	REGISTRAR  CEASED NAME MARGINE PRINTING AND	e La Rue Fro	nchetti De	REG. NO.  20. DATE OF DEATH MONTH	3 82 4:20 cm
Page 4 mg		Female	4 RACE White	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HAS MONTHS DAYS HOURS MIN.
decth. Po	9	RTHPLACE (STATE OR FOREIGN COUNTRY)  Pennsylvania  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	□ Baltimore (	
ors ofter		Baltimore	Baltimore (i	ty Hospitals	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWORK	12b. KIND OF BUSINESS OR INDUSTRY At Home
in 24 ho by illind is shown be	130.	STATE  aryland  THER'S NAME	none 13t CITY OR TOW	N 13d. INSIDE CITY LIMITS YES NO A	7451 Durwood	Road 21222
complete 1 and 2		John	Salyards	15. MOTHER'S MAIDEN	MIDDLE	McMulten
on and c		VAS DECEASED EVER IN U.S. AF (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 2/4-20-4		Franchetti 7451	
g physici on poper emaval.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), and ED BY: TE CAUSE (a)	a auest		APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
death ce attendin ove carb ition, ar r		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	1		his
that the day the ease remote rather tr		gove rise to immediate cause to, stating the	DUE TO, OR AS A CONSEQUE	NCE OF LENY OCCL	union	1 day
requires en signec Then pla injury, o	NOI	PART 2. OTHER SIGNIFICANT	conditions contributing to a	from a l	ERMINAL DISEASE OR CONDITION	N GIVEN IN PART PO
The law re- rcran.	CERTIFICATION	190 DATE OF OPERATION 8/2/82	6 General a	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IN C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO} \)
SICIAN: The ng physicion certificate in unial-transit tental Hygie them 18 sho		2) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	Y YEAR	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART ( ORPART 2)
DING PHYS or attending After this e os the bu marked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital or TTENDIP Spital or TTOR: Al for use of of Healt 21 is mo		saw the deceased alive an	tol) ottended the deceased from	, 19, and that in (my) (our) opin	ion death occurred on the date and	19, that (I) (we) lost thour and from the causes stated
AL OR A the hos AL DIREC Setoched orte Dept.		77h SIGNATURE	lue	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL etoined by th TO FUNERAL should be deto with the Store I MAPORTANT: H		22d. PHYSICIAN'S NAME HYPE C	erson mi	22e. ADDRESS		
000BP	23a B	URIAL, CREMATION, REMOVAL SPECIFY)  Burial	236 DATE 23c N	ame of CEMETERY OR CREMATOR Cardens of Faith	RY 23d LOCATION STY OR TOWN	COUNTY
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR	Inc. 6224 Faste	250	AUG - 6 1982	CHERAR'S SQUALERING

j rebuma bu al miss. main massivent or STATE OF THE STATE police colored them the wind - I-E waters a state was in the contract of the contract . J. J. C. C. Lan. Jac. C. W. Corton Lynnis . L. Elli Bled OR ATTENDING PHYSICIAN: The law requires that the death certificate be

# OR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH CERTIFICATE OF DEATH

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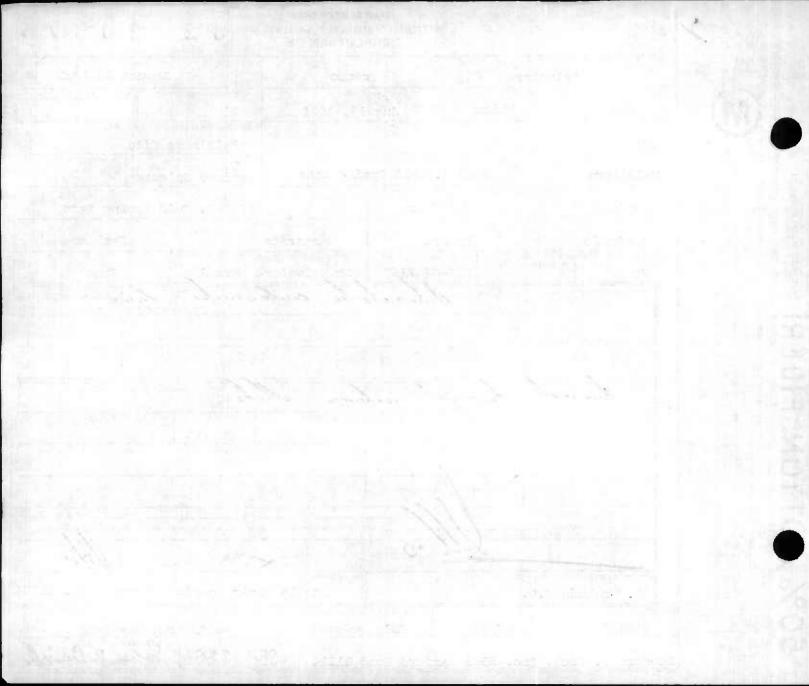
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1					REG. N			
	1. DECEASED NAME FIRST	MIDDLE	(	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	(TYPE OR PRINT) Salv	atore R	F	ranco		August	30,19	82
2	3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF U	NDER I YEAR	IF UNDER 24
	Male	White	Aug	15, 1891 YEAR	91	YRS	HS DAYS	HOURS
8	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY2 8	D NEVER MARRIED 2	9 BALTIMORE CITY		DEATH	
7/	Italy /	Italy /	WIDOWE	D DIVORCED	Baltimo	re City		
00	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE 2445 W. C	cold Sp	ring Lane	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Retired Se	OF WORKING LIFE)	26 KIND OF	F BUSINESS
35	Maryland 136 CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 13c, CITY OR TO Baltima	OWN	13d INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS 2445 W. Co	old Spri	ng La	ne
00	Antonio	MIDDLE Franco		15. MOTHER'S MAIDEN NAM Margarita	WIDDLE	G	erbin	0
001	160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS		
the medical	NO	215-01	-7159	Mr Salvator	e Marrella		Same	
y, ar ather tr	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC		NO RELATED TO THE TERM	AL DISEASE OR CON	IDITION GIVEN	N PART 1/~	
vs any injury, ar other fr	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(c)	DEATH BUT	The state of the s	198 AUTOPSY?	IDITION GIVEN I	RE FINDING	GS USED
s shaws any injury, ar ather tr	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(c) CONTRIBUTING OF WHI	DEATH BUT	N WAS PERFORMED	70s AUTOPSY? YES NO	30s. IF YES, WE IN CERTIFYING YES.	RE FINDING G CAUSES (	GS USED
	PART 2 OTHER SIGNIFICANT PART 2 OTHER 2	IN CONDITION FOR WHI	DAY YEAR	lumic she	70s AUTOPSY? YES NO	30s. IF YES, WE IN CERTIFYING YES.	RE FINDING G CAUSES (	GS USED OF DEATH
or Item	PART 2 OTH SIGNIFICAN PART 2 OTH SIGNIFICAN PART 2 OTH SIGNIFICAN THE DATE OF OPERATION	IN CONDITION FOR WHI	CH OPERATION  DAY YEAR  19	N WAS PERFORMED	70s AUTOPSY? YES NO	700, IF YES, WIN CERTIFYING YES [	RE FINDING G CAUSES (	GS USED OF DEATH NO
arked or Item	PART 2 OTHER SIGNIFICAN PART 2	THE CONDITION FOR WHI	DAY YEAR 10	N WAS PERFORMED  THE HOW INJURY OCCURR  THE LOCATION  THEE!  19  d that in (my) (aur) opinion to  DEGREE	TOR AUTOPSY? YES NO ED (CAMERINATURE OF MILE) EDT OR FO LOTE OR FO LOTE OF THE CONTROL OF THE CO	75% IF YES, WE IN CERTIFYING YES  BY THE MILE MARKET!	COUNTY	GS USED DE DEATH! NO []
arked or Item	PART 2 OTHER SIGNIFICAN PART 2	The CONDITION FOR WHI	DAY YEAR 10	N WAS PERFORMED  THE HOW INJURY OCCURR  THE LOCATION  THEE!  19  d that in (my) (aur) opinion to  DEGREE	TOB. AUTOPSY? YES NO ED CONTRANATURE OF MILE ED TO GREEN NATURE OF MILE ED	75% IF YES, WE IN CERTIFYING YES  BY THE MILE MARKET!	COUNTY	GS USED DE DEATH! NO []
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TO HOSPITAL

retained by the haspital ar attending physician.



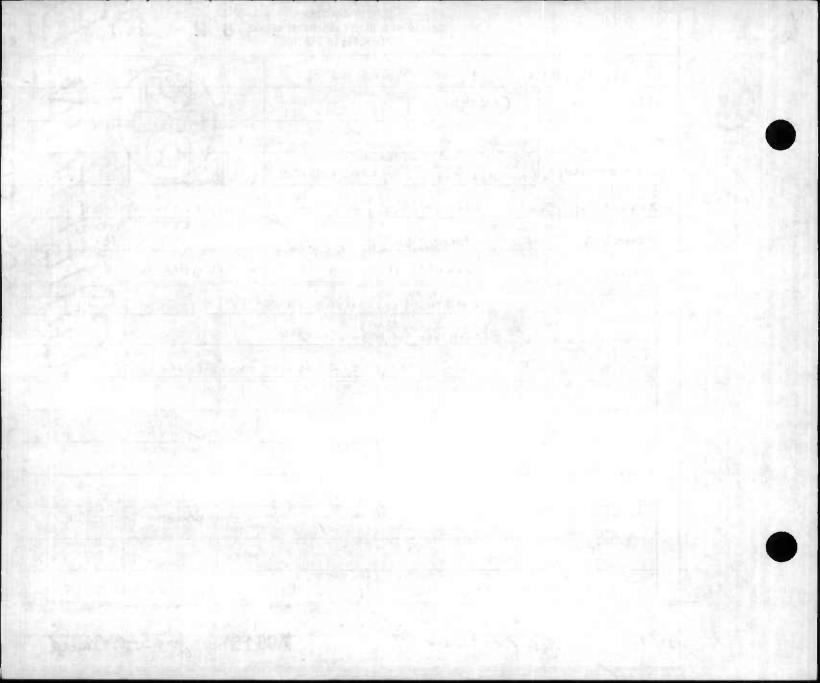
TTENDING PHYSICIAN The low

TO HOSPITAL OF ATTEN

1	FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	20380
L	DECEASED NAME FIRST (TYPE OR PRINT) WILL A	m J. FRA	H ICTIM	2a. DATE OF DEATH	8 8 82 257 F
	Male	4. RACE aucasian S. DATE O		AGE (IN YEARS LAST BIRTI	HDAY)  IF UNDER 1 YEAR 4F UNDER 24 HRS  MONTHS DAYS HOURS MIN
3	BIRTHPLACE (STATE OR FOREIGN  COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWEI	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OF	COUNTY OF DEATH
8	BATIMORS	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION INVESTIGATION OF A PROPERTY AND A PROPERTY AN	126 KIND OF BUSINESS O INDUSTRY GOVT.
9		OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY 136. CITY OR TOWN CLL HOTTE CAST	13d. INSIDE CITY LIMITS? YES 🖺 NO 🕡	13. STREET ADDRESS	SUNSUA JI
10	CHARLS	MIDDLE PRANKLIN	15 MOTHER'S MAIDEN NAM	MIDDLE	REGNUZA
2	NEONO OR UNKNOWN)   IF YES. (	RMED FORCES? 166. SOCIAL SECURITY NO. 722-01-763/	IN PATISA	or regism	A TON RECORD
	PART I. DEATH WAS CAU: 4280 IMMEDI Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF		25 T	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH 17 m w
	gave rise to immediate cause (a), stating the underlying cause last.		COMPESION		
2	Ž O	196. CONDITION FOR WHICH OPERATION		200 AUTOPSY?	206. IF YES, WERE FINDINGS USED  WHY CERTIFYING CAUSES OF DEATH?  YES NO NO
608	OR CONTRIBUTING TO CAUSE OF E	EATH HOUR A.M. MONTH DAY YEAR	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	
/ NEDICAN	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY STATE
	saw the deceased alive of	pital attended the deceased fram 19 . one	d that in (my four) opinian o	eath accurred an the dat	e and hour and fram the causes stated
	/ / / //	ermo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	an 2 8/8/82
4	7 B. TUP		Primary Care	22 Gre.	eno St BALT m
	Bo. BURIAL, CREMATION, REMOVA (SPECBURIAL	8-11-82 St. Ma	metery or crematory ary Anne's	North Ea	st Cecil Md. STATE
24	FUNERAL DIRECTOR	neral Home North Ea	st. Md.	GETD21982TRAR	REGISTRAND SIGNATURE

East, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)



executed within 24 hours after death. Page 4 may be

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 0 3

Į		REGISTRAR				CEKITE	ICATE OF DEATH	REG. NO.		A. Distanti
	(TYPE		FIRST		JOSEPH		redman	20 DATE OF DEATH MONTH	7/82	26. HOUR - 12/11 AM
ı	I SE	MALE		4 RACE U4	AITE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONIHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR F OUNTRY) MARYLAND	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D XXXNEVER MARRIED	BALTIMORE CITY OR COUNTY BALTIMORE CIT		MD.
4	10. CI	A Himore				SPITA	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORKER HOST OF WORKING LIE	126 KIND C	OR BUSINESS OR
	The p	L RESIDENCE (IF NURS	136 COUP		GIVE RESIDENCE BEFORE 131. CITY OF TOW		Capacity -	13e 37gee LADDRESS 3228 SHELBURNE	RD.	#21208
	14. FA	SAMUEL		MIDDLE F	RIEDMÂN		JENNY	WIDDLE	GARBUS	Ś
		VAS DECEASED EVER VESTON UNKNOWN) YES		MED FORCES? E WAR OR DATES) —ARMY	2/5-12-	RITYNO.	MRS.	RITA FRIEDMAN RNE RD. BALTO	, MD	21208
		Conditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last.	(b) DUE TO, O	R AS A CONSEQUE	O LA-	e diseas			
	CERTIFICATION	19a DATE OF OPERAT	ION				NOT RELATED TO THE TERM	IN CERTIF	S, WERE FINDI	INGS USED
		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	1177	FINJURY M. MONTH DA M.	Y YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗆	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220 I certify that (I) saw the decease abave, (I) (well)d				, ar		eath accurred an the date and hou	r and from the	
		226. SIGNATURE	m	Som	me	<u></u>		MEDICAL STAFF DIRECTOR PHYSICIAN		F SIGNED 7/82
		Jay	M	5794	ea		SINAL	hospital	_	
	23a. B	URIAL, CREMATION	REMOVAL	23 A PAGE 1	8 1982 236 6	AME 29TE	EMETERY OF CREMATORY	23d. LOCATION		57.45

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

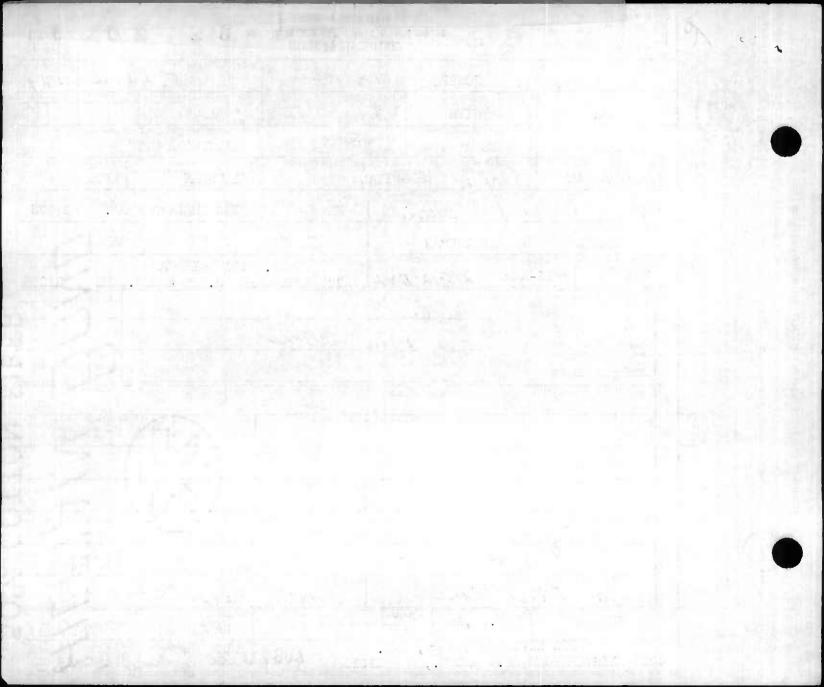
injury, ar ather traumatic event, the medical

IMPORTANT: If Item 21 is marked ar Item 18 shows any

74 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO., mD 2 21215

BALTIMORE AUG 20 1982 Canada Canada

MARYLAND



CLARENCE

N		CEASED NAME FIRST CLAREN	ICE W.	FR	ISBY	AUGUST 19,	1982 9:
13:	3 SE	X 4	RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDE
M CD		Male	Black	8 8	23 YEAR 22	59 YRS	
33		Maryland	U.S.A.	MARRIE		BALTIMORE CITY OR COUN	
33	E	BALTIMORE	1. NAME OF HOSPITAL, (IF NOTIFICE SUCH FACILITY, GN JOHNS HOE	PKINS HO		120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126 KIND OF BUSIN
33	3a. :	MD OUNT			13d. INSIDE CITY LIMITS? YES NO A	1719 Nome St	. Apt. B-
敦	14. F	ATHER'S NAME William	Fr:	isby	15. MOTHER'S MAIDEN NAME Emma	MIDDLE	Jones
medicol	16a \	VAS DECEASED EVER IN U.S. ARM		16-7246	Estelle Fr	ADDRESS isby 1719 Nom	e St.Apt.
ovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY.				APPROXIMATE INTE BETWEEN ONSET AN
eve	λ	1629 IMMEDIATE	CAUSE (o)	espirator	y Arrest		Iminu
7 0		1 / - ~ /					
on, or			DUE TO, OR AS A CON		lema Carral	Sundeman	211/00
ather troumotic		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	(b) SUP	NSEQUENCE OF		Syndrome	Z Well Diagnosed
r to burial, cremotian, or injury, ar ather troumatic	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the	(b) Sup 1  DUE TO, OR AS A COM  (c) Sq C  ONDITIONS CONTRIBUTION	NSEQUENCE OF LAMOUS (	ell Carcinin	na of the Lung	2 Well Diagnosed WK ago
iene prior to burial, cremation, or nows ony injury, ar ather traumatic	TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	(b) Sup 1  DUE TO, OR AS A COM  (c) Sq C  ONDITIONS CONTRIBUTION	NSEQUENCE OF VARIOUS CONTRACTOR DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIONS  200 AUTOPSY? IN CERT	Diagnosed WEN IN PART 1/0  ES, WERE FINDINGS USI
nntol Hygiene prior to buriol, cremotron, or tem 18 shows ony injury, or other troumotro	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A COM (c) Square of Injury  21b. Time of Injury	NSEQUENCE OF VALUE OF LARGE TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIONS  200 AUTOPSY?  YES NO   NO	Diagnosed Liven in Part 110  ES, WERE FINDINGS USES TIFYING CAUSES OF DEA YES NO
Hygiene 18 shows	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stafing the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONCORD PART 2 OTHER SIGNIFICANT CONCORD PART CONCORD PART CONCORD PART CONCORD PART CAUSE OF DEATH	DUE TO, OR AS A COM (c) SONDITIONS ONDITIONS CONTRIBUTION 196 CONDITION FOR A COMPANY HOUR A.M. MONT	NSEQUENCE OF PARADUS (NG TO DEATH BUT WHICH OPERATION THE DAY YEAR 19	NOT RELATED TO THE TERM  N WAS PERFORMED	INAL DISEASE OR CONDITIONS  200 AUTOPSY?  YES NO   NO	Diagnosed Liven in Part 110  ES, WERE FINDINGS USE PART 1 OR PART 2)
Hygiene 18 shows		Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONTROL OF COURTS (A) DATE OF OPERATION  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HETHER NOTHEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22e I certify thay (1) (this hospito sow the deceased olive on obove, (1)) (we) raid did did not)	DUE TO, OR AS A CON (c) SONDITIONS CONTRIBUTION  19b CONDITION FOR THE CONTRIBUTION FOR THE C	NSEQUENCE OF VALUE OF	NOT RELATED TO THE TERM  N WAS PERFORMED  21L HOW INJURY OCCURR  21L LOCATION 51REET	INAL DISEASE OR CONDITIONS  200 AUTOPSY?  YES NO   ED (EMIER NATURE OF INJURY IN ITEM 18	COUNTY 19 22 tho (1)
ote Dept. of Health and Mental Hygiene  T: If Item 21 is marked or Item 18 shows		Conditions, if ony, which gove rise to immediate couse (a), stafing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  WHILE OF OPERATION  WHILE OF OPERATION  22a   certify that (1) (this hospito sow the deceased alive on obove, (1) (we) did did did not)  22b. SIGNATURE	DUE TO, OR AS A CON (c) Sq. (DIDITIONS CONTRIBUTION  19b CONDITION FOR A  21b. TIME OF INJURY HOUR A.M. MONT P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY  Dottended the deceosed  view the body ofter death	NSEQUENCE OF SAMOUS (NG TO DEATH BUT WHICH OPERATIO)  TH DAY YEAR 19  OFFICE FARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21t. HOW INJURY OCCURR  21t LOCATION STREET  12 19 87  nd that in (my) Gurlopinion of DEGREE  ATTENDING PHYSICIAN [PHYSICIAN]	INAL DISEASE OR CONDITIONS  200 AUTOPSY?  YES NO DISEASE  RED (EDIER NATURE OF INJURY IN ITEM 18  CITY OR TOWN	Diagnosed  Liven in Part 110  ES, WERE FINDINGS USE  IFYING CAUSES OF DEA  YES NO [  L PART 1 OR PART 2)  COUNTY  COUNTY  L 19 L tho []  Dur and from the couses st
Hygiene 18 shows	MEDICAL	Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONTROL OF COURTS (A) DATE OF OPERATION  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (HETHER NOTHEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22e I certify thay (1) (this hospito sow the deceased olive on obove, (1)) (we) raid did did not)	DUE TO, OR AS A CON (c) Sq. (DIDITIONS CONTRIBUTION  19b CONDITION FOR A  21b. TIME OF INJURY HOUR A.M. MONT P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY  Dottended the deceosed  view the body ofter death	NSEQUENCE OF CAMPOUS CONTRACTOR OF THE DAY YEAR 19 OFFICE FARM ETC.)  from 2/19 82, or	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCURR  211. LOCATION 51 REE1  12 19 87 nd that in (my) Guriopinion of DEGREE  ATTENDING	INAL DISEASE OR CONDITIONS  200. AUTOPSY?  YES NO   INCERT  RED (EXTER NATURE OF INJURY IN ITEM 18  CITY OR TOWN  ACCOUNTED ON the date and had been decoursed on the date.	Diagnosed  Lyke ago  IVEN IN PART 1(0)  ES, WERE FINDINGS USE  IFYING CAUSES OF DEA  (ES  NO [  I PART 1 ORPART 2)  COUNTY  19 22 tho (1)

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DHMH - 16-50M 7/77

(VRA 15 (4))

STATE

REGISTRAR

				REG. NO.		
	ECEASED NAME FIRST PE OR PRINT) FRANCI	S PATRICK	FRY	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR	
1			rry	8/1	1/82 8:34	
BANTS	EX MATE	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	
11/10	MALE	WHITE	April 15, 1935	47 YRS.		
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED IN NEVER MARRIED	BALTIMORE CITY OR COUNTY		
2 Ba	alto., Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore City		
211	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINES	
1	Baltimore	Baltimore City		Machine Operator		
130	STATE DAY COUL	other institution, give residence before ITY 134, CITY OR TOWN Dundalk	ADMISSION) N 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		
P.	laryland Ba	Ito. Dundalk	YES NO NO	2500 Yorkway	21222	
2 2 2 2 2	ATHER'S NAME	WIDDLE _ LAST	15. MOTHER'S MAIDEN NA	ME	LAST	
20	Forest	Brown	Mazie	Indiana Maria	Fry	
160	WAS DECEASED EVER IN U.S. AR S. NO OR UNKNOWN) (IF YES, GIVE	WAP OP DATES!	RITY NO. 17. INFORMANT Mazi	e F. Bullock 2708	B Harriet La	
for	No	218.30.6		st Hill, Md. 210		
	18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and	1 Legist Ch		BETWEEN ONSET AND D	
9	PART I. DEATH WAS CAUSE	E CAUSE (a)	asdice arrest			
300	3112	DUE TO, OR AS A CONSEQUE	NCE OF			
2.15	Canditians, if any, which	( (b) /te	sato- renal Sy	indiane	4/1/hrs	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF O	7		
	underlying cause last.	(c)	1H cologic	Circholis	is menth,	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)	
NO.						
CA CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH	
1 1					S NO	
2 2 2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RED (ENTER NATURE OF INJURY IN ITEM 18, P	PART 1 OR PART 2)	
5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
VED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STA	
- Orke	AT WORK NOT WHILE AT WORK					
		tal) attended the deceased fram_	Unly 30 19 82		19 8 5 , that (I) (W	
	saw the deceased alive an abave, (IV) we (did) (did no	t) view the bady after death.	2 and that in (my) (aur) apinion	death accurred on the date and hou	r and fram the causes stat	
	22b. SIGNATURE	- /	DEGREE		224. DATE SIGNED	
	Karen	1 milan M	ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	1/18/52	
1	226. PHYSICIAN'S NAME (TYPE O	R PRINT)	27e ADDRESS			
5 /	FRIDALL	*	BCH			

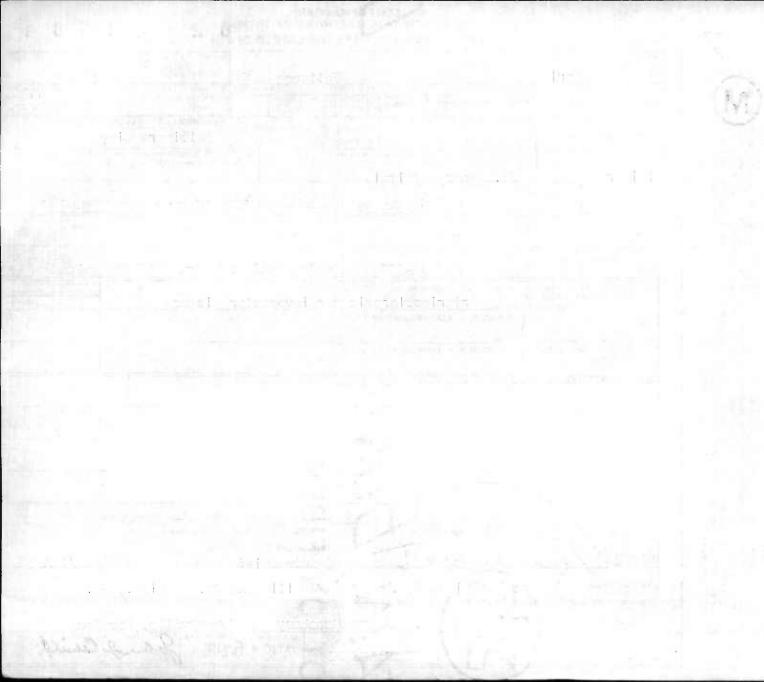
230. BURIAL, CREMATION, REMOVAL 23d. LOCATION CITY OR TOWN 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial COUNTY 8.21.1982 Oak Lawn Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Walter Brooks Bradley, Inc. Dundalk, Md. 21222

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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488 1000					
a vita legaciana					
and the fact that their					
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					The second
			d High	-	

20M 4/82



requires that the death certificate be executed within 24 litting

ATTENDING PHYSICIAN, The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The principled by the hospital or attending physician.

DHMH - 16 50M 1/B1 (VRA 15, 4)

10 FUNERAL DIRECTOR, where the certificate has been splied by the offending physicion and completely fulled things the described for use on the burish manner of permit, then please remove corbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hydrens prior to burish cremation, or removal.

MPORTANT. If them 21 is marked as them 18 shows only injury, as other troumatic event, the medical

director, page 3

1.	FOR STATE REGISTRAR	DEPART			Con River	2	0 3	8 5
{TYP	CEASED NAME FIRST E OR PRINT)  Mary	Susanna (	Franc	e) Furlong	20 DATE OF DEATH	MONTH DA	1982	26 HOUR
3. SE	Female	1. RACE White	MONT		91	YRS.		IF UNDER 24 MRS. HOURS MIN.
4	Balto. Co. Md.	SUBJOYANCE   S. DATE OF BIRTH   DAY 947   S. OATE OF BIRTH   MODITION   DAY 947   S. OATE OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   BALTIMORE CITY OR COUNTY OF DEA WHO WHO WELLOW DIVORCED   DAY ACEITY, ONE SIBER ADDRESS   DIVORCED   DAY MODITION   DAY 948   DAY ACEITY, ONE SIBER ADDRESS   DAY ONE SIDER ADDRESS   D	4	MD				
L	Baltimore	433 Hornel Sa	treet	OR OTHER INSTITUTION	LITYPE OF WORK FOR MOST		INDUSTRY	ework
Mc	STATE 13b. COUN	VTY 13c. CITY OR TOV	VN	YES 💢 NO 🗌	433 Horne	1 Street	et 212	24
	William Ho	oward Tarr		Agnes	A. MIDDLE		Peters	en
	MAS DECEASED EVER IN U.S. AR YES NO 09 UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SEC	URITY NO.		U 433 Hon	nel St		
NO	Conditions, if ony, which gove rise to immediate couse ion, stoting the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEOU	JENCE OF			IDITION GIVE	N IN PART 110	
CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION			N WAS PERFORMED	100	IN CERTIFY	ING CAUSES	OF DEATH?
MEDICAL CER	21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1) ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK	P.M.  210 PLACE OF INJURY	19	211 LOCATION			COUNTY	STATE
	220.1 certify that (I) (this haspi	teh attended the deceased from 19 11 view the body offer death.			, to death occurred on the d	8 1 , 19		
	27d. HYSICIAN'S NAME (TYPE C		MA	PHYSICIAN [			2 P	12/82
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				23d LOCATION Baltin	no Cit	Manu	Jan d
24 FI	S.Zeiler & Soi	n Inc. 6224 East		25a. DA	UG 1 3 1982	John	20	swif

STATE OF MARYLAND

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STATE OF MARYLAND

1.	FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	2 0 3 8 6
	CEASED NAME FMAR	Y TERESADDEURLO	NG LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(110	MAR	VT	FURLOWG	*	12 82 8:07 Am
1.5E		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 MRS
	F	W	09 13 OI	80	MONTHS DAYS HOURS MIN.
	STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COL	
di c	ITY OR TOWN OF DEATH	UJA	WIDOWED DIVORCED DIVORCED RSING HOME OR OTHER INSTITUTION	BALTIMOR	- 110.
V	ltimore City	(IF NOT IN SUCH FACILITY, GIVE ST		12ª USUAL OCCUPATION (TYSELEKSOR PELSON	12b. KIND OF BUSINESS OR IDENTIFY. Stores
13a	AL RESIDENCE (IF NURSING HOME STATE	RINSTITUTION GIVE RESIDENCE BY	FIDRE ADMISSION)  WN 13d INSIDE CITY LIMITS?  YES NO   15 MOTHER'S MAIDEN N.	13e. STREET ADDRESS	ARIS AOSPICE
17.17	-Louis	H. MOEL	FIRST	BENT MIDDLE	TRAGESER
like )		RMED FORCES? IVE WAR OR DATES)  166 SOCIAL S  226 18	ECURITY NO. 17 INFORMANT  Mrs. Anne F	. Burke-220 Hop	okins Rd. 21212
7		inly ane cause per line far (a), (b)	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	CARDIAC ARREST		BETWEEN ONSET AND DEATH
	5860 IMMEDIA				
	Condition if the	DUE TO, OR AS A CONSE	NAL FAILURE		
	Canditians, if any, which gave rise to immediate	(b)	NAC PAILURE		
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		
		(c)			
2	PART 2 OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART I (a
ĕ	HEPA				
CERTIFICATION	7/30/82		ICH OPERATION WAS PERFORMED  OF SIGMOID COLOR	INC	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES \( \bigcup  \text{NO} \)
2	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RRED (ENTER NATURE OF INJURY IN ITE	
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
2	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hasp	oital) attended the deceased fro	m 9/30 10 K	V 10 8/12	19 6> that (1) (we) last
	saw the deceased alive as	5/11	9 8 2 and that in (my) (aur) apinian	death accurred an the date and	
	22b. SIGNATURE	at) view the body after death.	DEGREE		22c. DA/E SIGNED
	61	JA M. H	ATTENDING	MEDICAL STAFF _	

nould be detached the State Dep

DHMH - 16 50M 1/83 (VRA 15, 4)

APORTANT, IF IN

23a BURIAL, CREMATION, REMOVAL (SPE Burial 23b DATE 8/16/82

23t NAME OF CEMETERY OF CREMATORY Baltimore Nat;1. Cem.

22e ADDRESS

23d LOCATION CITY Batto.

COUNTY

STATE

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home-6500 York Rd. 21212

STUDY OF THE SECOND STREET, ST A STATE OF THE PARTY OF THE PAR CHETTA CHETTANE THERE HERE THE STORY THERES THE Up Share To Steel & Steel Middle Hospies LOUIS HELLIER ELIZABETH TRAGESER No ------- The 18 495 hours to me and the second to the second CARDING ARREST MENRO, FRIDURE HETHIRE PRICARE STREET 1/30/52 CANCES OF SHARRING BACON IN And the second of the second o

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È .	Sich	ofe	Sh
ISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTEAND 21201	PHYSICIAN: The law impaires that the death certificate be executed within 24 hours after death. Page 4 may be tending physician.	r this certificate has been signed by the attending physician and completely tilled in by the surseral organish buriol-transit permit Thirt places remove corbanisation. Pages I and 2 thought by Illiad within 72 thurstoon and Amaria Hvaine pries to buriol prematition or removal.	ed or frem 18 shew, ony injury, or other traumoric event, the medical explicit equippendial actionic
2	SIC	riol	fen
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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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2038/

Ι'	FEMALE  IRTHPLACE (STATE OR FOREIGN TO COUNTRY)  PENNSYLVANIA  ITY OR TOWN OF DEATH  BALTIMORE  AL RESIDENCE (IF NURSIN OR O STATE  DHIO TRUM  ATHER'S NAME FIRST MADERSO  WAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED			CERTII	FICATE OF DEATH	REG. NO.		
			WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
		EL I	OLLY	FYN	ES	AUGUST 28	1982	08:40A
3. SI	EX	4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	FEMALE	WHI	TE	FEB	RUARŶ 19, 1915	67	MONTHS DAYS	HOURS MIN.
7a. 6	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	HE THE
				WIDOWI	ED DIVORCED	BALTIMORE (	CITY	MD.
10 0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126 KIND C	OF BUSINESS OR
	BALTIMORE	THE JO	HNS HOP	KINS	HOSPITAL	HOMEMAKER		
130	STATE IDENCE (IF NURSING ID)	OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		
-		UMBULL	GIRARD		YES 🕻 NO 🗌	522 E. KLINE	ST.	
W	FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	LA:	ST
-					E. MARIE			
1	(YES NO OR UNKNOWN) (IF YES	ARMED FORCES?	16b SOCIAL SECU		17 INFORMANT	ADDRESS		
	NO 284-22-3543 MRS. STEPHEN BOESEL 105 WIT							
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAL	r anly ane cause per USED BY:				/	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		DIATE CAUSE (a)	Cambiopu	imo	nay arrest		se	conds
	1	DUE TO, O	R AS A CONSEQUE	NCE OF	1 - 4			/
1	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  (b) metantich & bruin things  440							
	cause (a), stating the	DUE TO. O	R AS CONSEQUE	NCE OF			1	
	underlying cause last. (c) lung Caron onn							mes
z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	a ·
CERTIFICATION	19a DATE OF OPERATION	10h COND	ITION FOR WHICH	ODEDATIO	IN WAS PERFORMED	Tea AUTOBOVA IRA	IF VEC. WERE EN ID	105.115
₹ 5	196 DATE OF OPERATION	148 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	INC	IF YES, WERE FINDING CAUSES	OF DEATH?
=======================================	71a, ACCIDENT WAS UNDERLYING	21b. TIME C	F IN HIPV		21. HOW IN HURY OCCUPE	YES NO PRED (ENTER NATURE OF INJURY IN ITE	YES	NO 🗆
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR	THE HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE		19	21f. LOCATION			
MEC	WHILE NOT WHILE AT WORK		REET FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TOWN	COUNTY	STATE
				5/	19/19	6/28		
	22a. I certify that (I) this ha	D/	27 10	12	nd that is (my) (cur) courier	death accurred on the date and		that (11)(we) last
	27 / Sub-Harris	nat liew the bady	after death.			death accorred on the date and		
	AC				DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
-	22d PHYSICIAN'S NAME (TY			40,1	PHYSICIAN [	DIRECTOR PHYSICIAN	0/0	8/82
					THE ADDRESS			
		RZEPI			601 N. WOLF	E, BALTIMON	C 100 2	1205
	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION  CITY OR TOWN	COUNTY	STATE
	RIAL-TRANSIT	AUG. 3			D CITY	GIRARD, TRUM		
	FUNERAL DIRECTOR		ADDRESS		YORK RD. 250. DAT	EP3 1984	GSTRAR'S GONAL	weich
M	ITCHELL-WIEDEF	ELD HOME,	INC. BA	LTO.,	MD.21212 5	EP 3 1982 00		

DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: Afte should be detoched for use as with the State Dept. of Health IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC. BALTO., MD.21212

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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								REG. NO	U.			
	CEASED NAME OF MINTE	FIRST LLTAM	T.	GAJEW	SKI		2ª DATE C	FDEATH	MONTH 8	16	YEAR	26. HOUR 3:08P
1. SE	M	4. RAC	E W	5.	DATE OF BIRTH	23		YEARS LAST BIR	9 YRS.	MONTHS		IF UNDER 24 HR HOURS MI
	RTHPLACE (STATE OR FO		USA	, w	MARRIED NEV	DIVORCED [	BA	LTIMO	RE C		EATH	
	ALTIMORE				HOME OR OTHER I		(TYPE OF WO	OCCUPATI RK FOR MOST O	F WORKING		L KIND O	BUSINESS
	AL RESIDENCE (IF NURSIFER DE DE L'ALTE	IG HOME OR OTHER IN		SIDENCE BEFORE ADI	13d INSID	E CITY LIMITS?	130. STREET	ADDRESS  3 N	1001	757	OCK	
	THER'S NAME FIRST MARION			JEUSI	41 1	FIRST AND A	AME E		612	ins	5K1	
	VAS DECEASED EVER I VES, NO OR UNKNOWN)	U.S. ARMED FO (IF YES, GIVE WAR OIL	PROES? 166 S	OCIAL SECURIT	YNO. 17 INFOR		GAJE	ADDRE		3/28	EL	Lion
	4310 Conditions, if ony,			CONSEQUENC	CE OF	y pe	muor	J				
70	4310	which ediote the lost.	UE TO, OR AS A  (b)  UE TO, OR AS A	CONSEQUENC	CE OF	TED TO THE TER	MINAL DISEA	SE OR CON	DITION G	SIVEN IN	IPART 10	A.
ERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stofing underlying couse  PART 2. OTHER SIGN  THE DATE OF OPERAT	which edicate the lost. DI	JE TO, OR AS A  (b)  JE TO, OR AS A  (c)  TIONS CONTRIB  CONDITION I	CONSEQUENCE BUTING TO DEA	CE OF  ATH BUT NOT RELA  PERATION WAS PE	rformed morke	200 AUT	OPSY?	20b. IF Y	(ES, WER TIFYING YES []	RE FINDIN CAUSES	GS USED OF DEATH? NO [
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stating underlying couse  PART 2. OTHER SIGN  THE DATE OF OPERAT  21a. ACCIDENT W/S UNDIO OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR)	which edicate the lost.  IFICANT CONDITION  IFICANT	JE TO, OR AS A  (b)  JE TO, OR AS A  (c)  TIONS CONTRIE  B. CONDITION  D. TIME OF INJU  P.M.  P.M.  PLACE OF INJU  PLACE OF IN	CONSEQUENCE  BUTING TO DEA  FOR WHICH OP  ACLALLA  INT  AONTH DAY	PERATION WAS PERAT	PRED MED MONTH	200 AUT	OPSY?	20b. IF Y IN CERT	YES, WER TIFYING YES B PART I O	RE FINDIN CAUSES	GS USED OF DEATH?
4	Conditions, if ony, gove rise to imm couse (o), stating underlying couse  PART 2. OTHER SIGN  PART 2. OTHER SIGN  PART 3. OTHER SIGN  PART 4. OTHER SIGN  PART 5. OTHER SIGN  PART 6. OTHER SIGN  PART 6. OTHER SIGN  PART 7. OTHE	which edicte the lost.  IFICANT CONDITION  REVING 21 AUSE OF DEATH LEXAMINER)  ED 21:  (A)  (E)  (This hospitol) off	JE TO, OR AS A  (b)  JE TO, OR AS A  (c)  FIONS CONTRIE  B. CONDITION I  D. TIME OF INJUI HOUR A.M. A  P.M.  B. PLACE OF INJU T HOME, STREET, FACE  ended the dece	CONSEQUENCE  BUTING TO DEA  FOR WHICH OP  CLUBER  RY  AONTH DAY  URY  TORY, OFFICE, FARM  OSED from	PERATION WAS PERAT	RFORMED  MOUNT  VINJURY OCCU  ATION  REET  19 82	VES CENTER N	OPSY?  NO STATURE OF INJUING CITY OR TO	20b. IF Y IN CERT	YES, WERTIFYING YES  B PARTIO	RE FINDIN CAUSES PART 2) OUNTY	GS USED OF DEATH? NO  STATE
4	Conditions, if ony, gove rise to imm couse (o), stofing underlying couse  PART 2. OTHER SIGN  THE DATE OF OPERAT  21a. ACGIDENT W/S UNDION CONTRIBUTING C.  (IF ETIMER, NOTIFY MEDIC  21d. INJURY OCCURR  WHILE  WHILE  AT WOR  22a.1 certify that W	which edicate the lost.  DI IFICANT CONDITION IN ITERATION IN ITERATIO	JE TO, OR AS A  (b)  JE TO, OR AS A  (c)  FIONS CONTRIE  B. CONDITION I  D. TIME OF INJUI HOUR A.M. A  P.M.  B. PLACE OF INJU T HOME, STREET, FACE  ended the dece	CONSEQUENCE  BUTING TO DEA  FOR WHICH OP  CLUBER  RY  AONTH DAY  URY  TORY, OFFICE, FARM  OSED from	PERATION WAS PERAT	ATTENDING PHYSICIAN	YES	OPSY?  NO SIATURE OF INJUI  CITY OR TO	20b. IF Y IN CERT	YES, WERTIFYING YES  B PARTIO	RE FINDIN CAUSES OR PART 2) OUNTY	GS USED OF DEATH? NO  STATE

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the buriol-transit permit. Then please remove corban papers.

etoined by the hospitol or ottending physician.

should be detoched for use os the buriol-tronsit permit. Then pleose remove corbon pope with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

(VRA 15, 4)

24 FUNERAL DIRECTOR NNE

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The Artist of the State of the

requires that the death certificate be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the hospital or attending physician.

and completely filled in by the funeral director, page 3 Pages (Tond 2 should be filed within 72 hours offer death

executed within 24 hours ofter deoth. Page 4 may be

### STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		6.0	0	1	4	-
	REG. NO.					

1		CEASED NAME FIRST	A	AIDDLE	LAST	4.	20 DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
		EUNH		1.	LLOWA	4		8 11	80	330 PM
	3. SEX	FEMALE	4. RACE		ATE OF BIRTH		6. AGE (IN YEARS LAST B	MO	NTHS DAYS	HOURS MIN.
2	7- DIE	RTHPLACE (STATE OR FOREIGN	BLA!			1 70		9 YRS.	EDEATH	
7		Carolina	II S	A MA		VER MARRIED	DAITH	MORF C	ITV	MD.
	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSING HO	ME OR OTHER		12a. USUAL OCCUPA			F BUSINESS OR
5	P	ALTIMORE	(IF NOT IN SUE	HILLIAMI C	ENERA	-L	NURSE'S	A ID	INDUSTRY	
K	13a. S			13t. CITY OR TOWN	1 13d. INSI	DE CITY LIMITS?	13e. STREET ADDRESS	1816 1	Hus	(T
4	_	ryland		Baltimore		NO THER'S MAIDEN N	AMF	1010 1	,11114	21
1	13.10	FIRST	MIDDLE	LAST	13 ///	FIRST	MIDDLE	- 1	LAS	T
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY			ADDI			
		NO (IF YES, GIV	(E WAR OR DATES)	N/A	Pea	rl Robi	inson 1816	Ettin		
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per	line far (o), (b), and ic	«A A	CALA (AA)		E Call	BETWEEN	MATE INTERVAL DNSET AND DEATH
			TE CAUSE (0)	METASTA	IIL HV	END CHICK	INDUMA OF R	ECI OP		
		1371	DUE TO, OI	R AS A CONSEQUENCE	OF					
	Conditions, if ony, which gave rise to immediate									
		couse (a), stoting the underlying cause lost.	DUE TO, OI	R AS A CONSEQUENCE	OF				1.11	
		PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 10	o"
	TION	UREMIA					I so a tut o posya	20) IF MES 1	WERE FINDIN	100
	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	ATION WAS PI	EKFOKMED	200 AUTOPSY?		NG CAUSES	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O		EAR 21c. HO	W INJURY OCCU	IRRED (ENTER NATURE OF IN.	IURY IN ITEM 18 PAR	T 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.i		19 211 LOC	ATION		-	-	
	MEI	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FARM, ET		TREET	CITY OR 1	OWN	COUNTY	STATE
		22a 1 certify that (I) (this hosp	ital) attended th	e deceased from	3014	19 8	10 AUGU	11 6 19	8L.	that (I) (we) fost
		sow the deceased alive on obove, (I) (we) (did) (did no	A UNUST	after death. 19 87	_, and that in	(my) (our) apinio	n death occurred on the	date and hour o	and from the	causes stated
		22b. SIGNATURE)	1 14.00		DEGREE	ATTENDING	MEDICAL ST.	AFF	22c. DATE	SIGNED
		unjun	· Jours	week	MD	PHYSICIAN	DIRECTOR PHYS		18/2	1186
		22d, PHYSICIAN'S NAME (TYPE OF EN	ORPRINT)	IACHABO M	1). 22e. ADI	300 AN	rmory Plac	E SU	ITE 3F	
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME	OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		BURIAL	8/26/	'82 Md.	Vetera	n Cem.	Crowny			Md.
	Wr Wr	INERAL DIRECTOR  March 1	F/H 110	1 E.North	λποηι		ate recid. By registra UG <b>2 3 198</b> 2	N ZS REGISTRA	AR'S SIGNAT	hull
	441	C. Figi Cii	. \ 11	A TO THOT CIT	Avent	A.	00 20 1302	VI		7 >

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and co should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND  IEALTH AND MENT  ICATE OF DEAT		O	REG. NO	).	2 0	3 9	0
DECEASED NAME FIRST TYPE OR PRINT)  NATHANIE	MIDDLE	GAMBA	0111		2a. DATE OF D			DAY YEAR	20 1100	R
MALE	4 RACE BLACK	S. DATE (	OF BIRTH	903	AGE (IN YEAR	25 LAST BIRT	HDAY)	IF UNDER 1 YE		M 24 HRS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	TRY? 8. MARRIE	D NEVER MARR	ED 🗆	BALTIMORE Baltin		-			
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU. (IF NOT IN SUCH FACILITY, GIVE S Sinai Hospi	JRSING HOME (		ON	20 USUALOC (TYPE OF WORK FO Retire	CUPATIO	ON WORKING III	12h KIN	of BUSINE	
UAL RESIDENCE (IF NURSING HOME OR ISTATE 136 COUNTIED IN 136 C	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LI	witso I	3. SUREET AD Baltin	DRESS 2	118	Moun	t Hol	ly St
FATHER'S NAME William	Gambri]	11	15. MOTHER'S MAI Este	lla	٨	MIDDLE			nes	
WAS DECEASED EVER IN U.S. ARI	E WAR OR DATES)	3547	Mrs. He	alto len	., Md.	ADDRES	s 21 mbri	216 11 2	Н 118 М	t.S
PART 2 OTHER SIGNIFICANT C  COPO; IN  190 DATE OF OPERATION		RESPIRED TO DEATH BUT	NOT RELATED TO T		26 AUTOPS		20b. IF YES	S, WERE FIN	DINGS USED	
21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		In Howani			OX	YE	S 🗌	SES OF DEAT	
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATUR	E OF INJUR	TINITEM IS F	PART I OR PART	2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE, FARM ETC )	211 LOCATION STREET		C	ITY OR TOW	/2	COUNTY	51	ATE
220.1 certify that (I) (this hospit saw the deceased alive an, abave, (I) (we) (did) (did nat 27b SIGNATURE	view the bady after death	19 <u>82</u> , ar	nd that in (my) (aur) DEGREE		ath occurred a	25 in the da	te and hav	r and from t	the couses sta	re) last ted
22d. PHYSICIAN'S NAME (TYPE OF	Wells, M.	<i>Q</i> .	PHYSI 22e ADDRESS		DIRECTOR [	PHYSICI	AN 🗸	18/	25/82	_
TALERIE SORK	IN-WELLS, M.L	).						22.5	7	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	8/30/82	New Ca	thedral	Cem.	23d LOCATION Balt	imo:	re C	ity.N	larylä	and
ENDERT E. NUTTE	more, mysel	95	21216 NUNTH AVE.	250. DATE	16°24			RAR'S SIGN		if

DHMH - 16 50M 1781 (VRA 15, 4)

MPORTANT. If hem 21 is marked as hem

24 FUNERAL DIRECTOR

10 FUNERAL DIRECTOR, After should be detected for use as with the State Dept of Health of

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TO FUNERAL DIRECTOR. After this certificate has been sign

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ental Hygiene prior to b rol-transit per 18 shows

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IMPORTANT: If Item 21 is

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FOR - STATE REGISTRAR STATE OF MARYLAND

DED ADTMENT OF UFAITU AND MENTAL UVCIENT

	CERTIFICATE OF DEATH	ENE	Ö	REG. I	VO.	e-	U	3	7	
WIÐDLE	Gambaill	2a DA	TE OF	DEATH	MONTH	1	9	YEAR & Q.	2b. HOU	

	CEASED NAME PIRST	WIÐDLE	0	AST / //	20 DATE OF DEATH	8 19 82	10.11.00
_	NuTh		6-0	mb[i//			M
3 SE	× F	BIK	5 DATE O		6 AGE (IN YEARS LAST BIRTHO	MONTHS DATE	
	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR		MD
	BAHO	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET			12a USUAL OCCUPATIO TYPE OF WORK FOR MOST OF V		O OF BUSINESS OR RY
	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNTY			134 INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS	WYNN A	lue
14. F	Charles MID	Pefe	K	15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE	CRA	w ford
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) [JIF YES, GIVE W		JRITY NO.	Denise to	ters 3	47 Caye	w Ave
	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED  JMMEDIATE	BY: CARNIA	-	IONARY AR	REST '	APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if any, which	DUE TO OR AS A CONSEQUE	ENCE OF	VE MALIC	ANANCY .		13.75
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF	OF THE	BREAST	4	10.58
NOI	PART 2 OTHER SIGNIFICANT CO FIYPERTEN			NOT RELATED TO THE TERM DRACOPLAST X	4		
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	n was <b>performe</b> d		20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART	n
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE

WHILE NOT WHILE

STREET

CITY OR TOWN

COUNTY

and that in (my) (our opinion death accurred on the date and hour and from the causes stated

22b. SIGNATURE

abave, (1) (worldid) (did not) view the bady after death

DEGREE 22e ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22c. DATE SIGNED

22d. PHYSICIAN'S NAME ASHOK

sow the deceased alive or

23d. LOCATION CITY OF TOWN 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 182

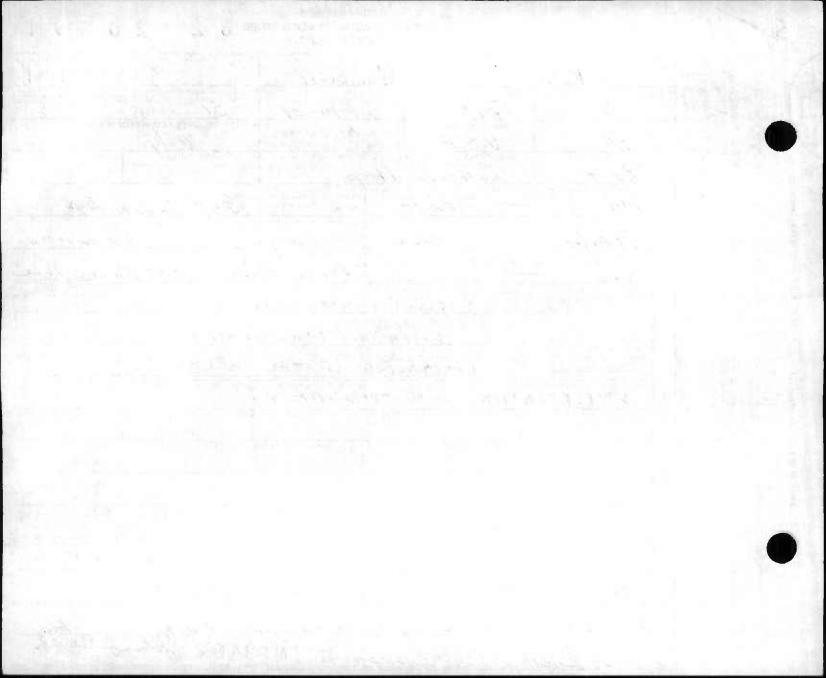
24 FUNERAL DIRECTOR

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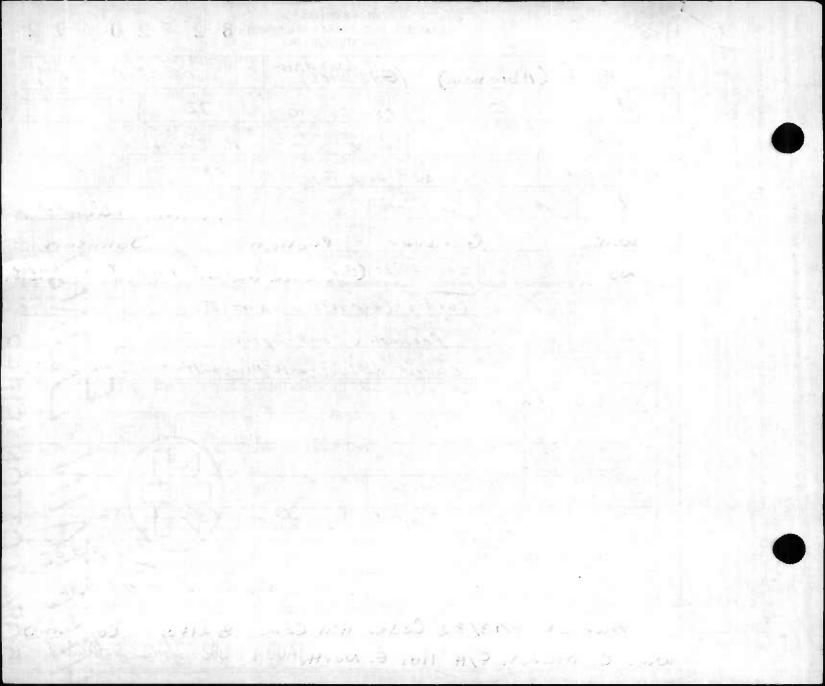
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DHMH - 16 50M 1/76 (VR A 15 (4))



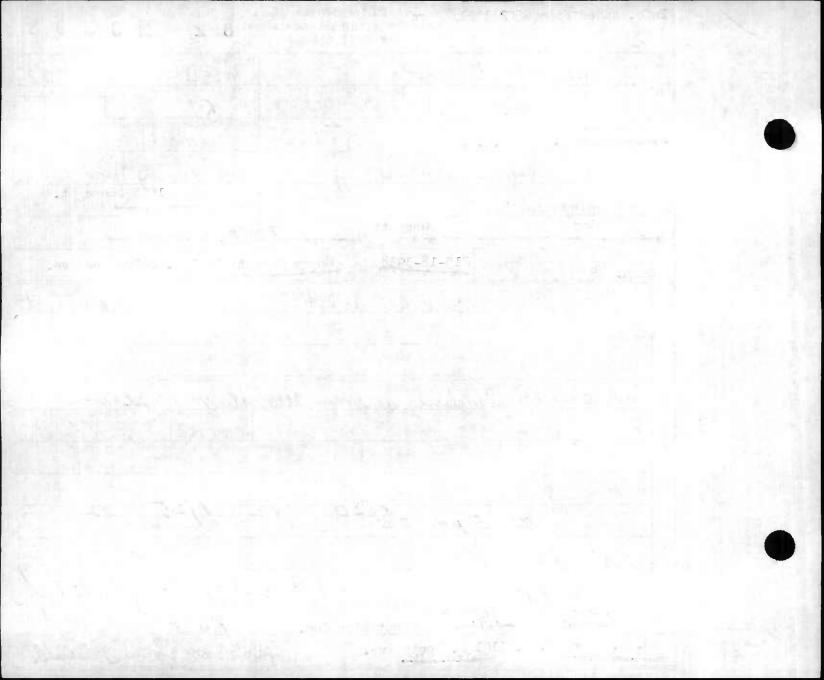
> 1	FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 3 9
	DECEASED NAME FIRST TYPE OR PRINT!  PBRAM	(Abraham)	(BAR DNEK)	08-08	-8Z 84
3	SEX M	4. RACE	3. DATE OF BIRTH  MONTH  05  Z5  /O	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS
253	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED	Baltimore City or County Baltimore	OF DEATH  CITY
76	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS INDUSTRY
وا كالح		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOUNTY  13c. CITY OR TOU		13e. STREET ADDRESS	Bruce S
200	FATHER'S NAME FIRST WILLE	MIDDLE Gardr	15. MOTHER'S MAIDEN NA	MIDDLE	Johnson
loo loo	a. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 24446	URITY NO. 17 INFORMANT	ADDRESS	23 N. Apol
to buriol, cremotion, injury, or other troumo		DUE TO, OR AS A CONSEOU (c) CANCE	JENCE OF Long with	plevice and Pericard.	
8 shows ony injur	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	On COLUMNIC COLUMN		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	'ART : OR PART 2)
orked or Item	21d. INJURY OCCURRED  WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Heolt	sow the deceased alive of	pital) attended the deceased from 8 - 9 192 and 192 and 192 are 192 and 192 are 192 and 192 are 192 ar	0-	deoth occurred on the date and hou	
hem.	22b. SIGNATURE	Canal &	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
ote T					
APORTANT: H	22d. PHYSICIAN'S NAME (TYPE Clando	Lana Ta	220. ADDRESS Letheran h	Lespital , Balt.	ud 21216
		Lance 19  AL 23b. DATE 23c		23d LOCATION	COUNTY STATE

STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201			ţ		4
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,	Λ	h	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	retained by the haspital or attending physician.	Company of the contract of the
	4 7	W 1		-	

X		fo. added Film FOR STATE REGISTRAR	G572 10/1/82 re DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2 2	0 3 9 3
y be ge 3	1. DÉ	CEASED NAME FIRST HENRY	? GARNET	LAST	8 25 182	DAY YEAR 26 HOUR 8:15 P M
age 4 mp	3. SE	Н	NEGRO	5 DATE OF BIRTH  MONTH  D7 - 04 - 23	1110	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
death. P	100	RTHPLACE (STATE OR FOREIGN COUNTRY OF TOWN OF DEATH	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	1) BALTINORE	City, MD.
ours offer in the filed	B	ACTIMORE, NO.	(IF NOT IN SUCH FACILITY, GIVE STREET HEROS P	ADDRESS)	120 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING NOT KNOWN	NOT KNOWN
ithin 24 h	130 5	HARYLAND BALT	THORE GITY GOTOW	YES NO 13 MOTHER'S MAIDEN	NAME	3 Boone St.
n and compler	7K	VAS DECEASED EVER IN U.S. AR	OF AUNICHISCE	RITY NO. 17 INFORMANT	ADDRESS	lvedere Ave.
eoth certificate be fending physician of e carbon papers. P an, or removal. umatic event, the m		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	ac arrest	W. (1827).	BETWEEN ONSEL AND DEATH
ires that the digned by the of sen please removed burial, cremating, or other training, or other training.		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE			
low requirements been significant. The permit. The permit is only injurial.	CERTIFICATION	PART 2. OTHER SIGNIFIÇANT OF THE PART OF T	enal facture	DEATH BUT NOT RELATED TO THE TO AN EXAMPLE OF THE PROPERTY OF	IN CERT	TES, WERE FINDINGS USED THEY ING CAUSES OF DEATH? YES NO NO
HYSICIAN: The riding physicion is certificate buriol-transit buriol-transit buriol transit or term 18 share	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE- LIF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	216. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	I PART I OR PART 2)
TENDING PH or a attention TOR: After the for use as the b of Health and 21 is marked o	ME	WHILE NOT WHILE AT WORK  220-1 certify that (1) (this haspi	(AT HOME STREET, FACTORY OFFICE, F	ARM, ETC ) STREET	city ORTOWN	19 that (I) we) lost
HOSPITAL OR AT med by the hosp FUNERAL DIRECTUBE OF the Store Dept		22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE of	M view the bady at r death.	DEGREE ATTENDIN PHYSICIAI  220 ADDRESS	G MEDICAL STAFF	221. DATE SIGNED / 8/25/82
TO HOSPITAL retoined by t TO FUNERAL should be de with the Store IMPORTANT:	23o. E	URIAL, CREMATION REMOVAL	MOS 236. DATE 9/3/82 23c N	321 St.	Paul Pl. Merce	<del>                                     </del>
BP		Removal		ount Zion Cem.	DATE REC'D. BY REGISTRAR 25 DREGIS	STRAR'S SIGNATURE
(VRA 15, 4)	A	natomy Board	Balto., Md	- AVG	AUG 3 1 1982 /00	un of lawely



1	FOR - STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	2039
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOU
	ALEAS	E GARI	RISON	08 2	2382 29
3. SI	FEMALE	COL V	5. DATE OF BIRTH  MONTH DAY YEAR  2 12	6 AGE (IN YEARS LAST BIRTHDAY)  YRS	IF UNDER 1 YEAR IF UNDER
83	NRTHPLACE   MATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT BALTIMORE CITY	
14/1	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) UNION MEMORIAL		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINE
350	ARYLAKO	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN	N 13d INSIDE CITY LIMITS?	136 STREET ADDRESS 5024 GWYUN	
100 G	FORCE WE	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ME MIDDLE MIDDLE	LAST
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU	REY J. LLYND	ADDRESS	WAN OAK
r fraumatic event	Canditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AB A SINSEQUE	NCE OF Purnous	EMBOUSA	APPROXIMATE INTER
injury. or othe	underlying cause last	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF	INAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
8 shows ony injur	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USE IFYING CAUSES OF DEAT ES NO
19 P	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	130 (P.M) 8 23	198 Z	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2],
2 1	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F)	21f. LOCATION STREET	CITY OR TOWN	COUNTY 51
21 is mo	220.1 certify that (1) (this hospi saw the deceased alive an abave, (1) (we) (did) (did no	tal) attended the deceased from	and that in (my) (aur) opinion o	death occurred oil thin date and ho	that (1) (w
T: If Hem	22b. SIGNATURE	lendon	ATTENDING PHYSICIAN C	MEDICAL STAFF DIRECTOR PHYSICIAN	PATE SIGNED 8 23 8
MPORTANT	22d PHYSICIAN'S NAME (TYPE O	Lutige	22e ADDRESS UNION	Emmac Hos	PITALBAU
23a.	BURIAL CREMATION, REMOVAL	9-28-82 M	AME OF CEMETERY OR CREMATORY	LAURAL P. C.	. Co Mp
1/81 )	UNERAL DIRECTOR	a 2222 W. 10	25a. DATI	REC'D. BY REGISTRAR 256 PS IS	TRAR'S SIGNATURE

STATE OF MARYLAND

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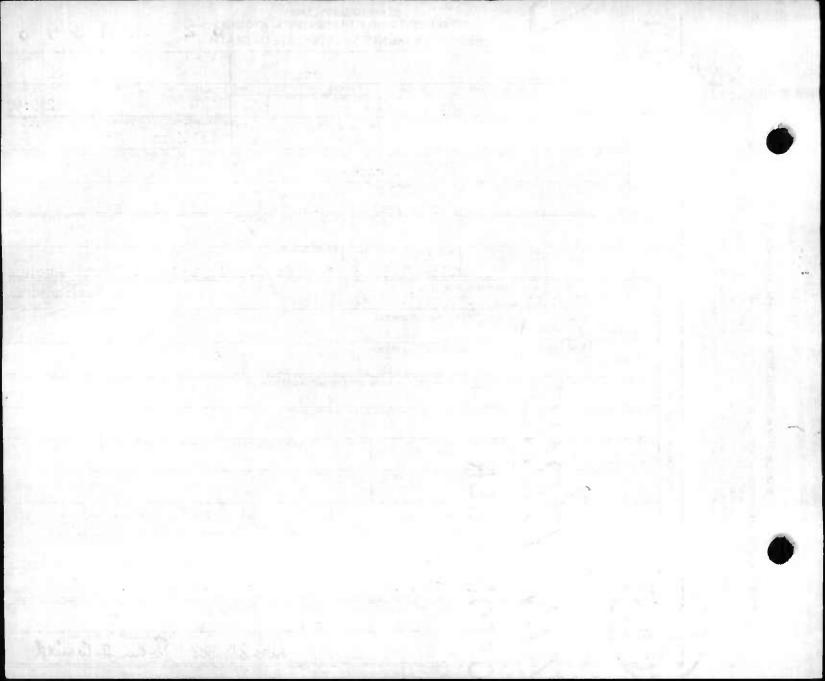
**DHMH - 17** 

(VR A15 ME (5))

20M 4/82

DEPARTMENT OF HEALTH AND MENTAL HYGIENEQ FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME 7b. HOUR (TYPE OR PRINT) ESTI-19 2d HOUR 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY 750 Dolphin LAST Louise Currie 2816 W. North BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO XIX 2Tc. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE 8/21/82 111 Penn STreet, Balto., MD 21201 COUNTY STATE Zion CEm Baltimore Mount BURTAT 24. FUNERAL DIRECTOR C. Macrh F/H 1101 E. North avenue

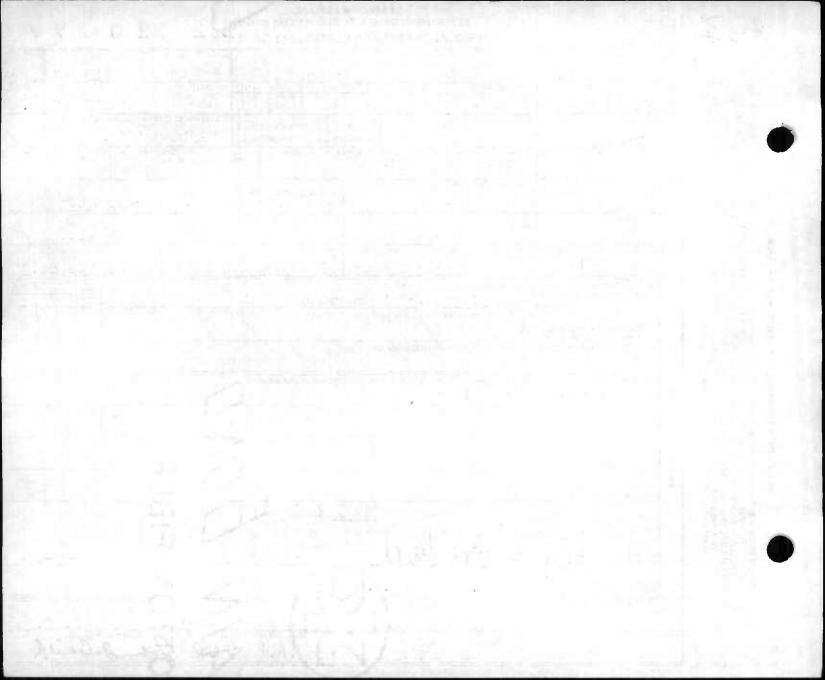
STATE OF MARYLAND



I - STATE REGISTRAR	MEDICAL EXAMI	NER'S CERTIFICATE	OF DEATH REG. NO.	0 3 9 /
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE KNOWN X M	ONTH DAY YEAR 26. HOL
/ Leon		Gaters	DEATH MATED	8 23 19 82
3. SEX 4 RACE	S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTI		R 24 HRS. 2c. DATE MC MIN. PRONOUNCED	ONTH DAY YEAR 24 HOL
Male Black		YRS.	DEAD	8 23 1982 a.
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MAR		
S. Carolina	USA	WIDOWEDXX DIVOR	CED   Baltimore C	ity <b>,</b>
Baltimore	11. NAME OF HOSPITAL, NURSING HOM (1F NOT IN SUCH FACILITY, GIVE STREET ADDRESS University Hosp	ital	128. USUAL OCCUPATION (TYPE OF N FOR MOST OF WORKING LIFE)	WORK 12b. KIND OF BUSINESS OR INDUSTRY
UAL RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI		13e. STREET ADDRESS	
Maryland	Baltimo		1043 W. Fayet	tte St.
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIL FIRST	DEN NAME MIDDLE	Vice
Samuel 160. WAS DECEASED EVER IN U.S. ARM	Gaters  Identification Gaters		ADDRESS	ATGE
(YES, NO, OR UNKNOWN) (IF YES, GIVE W	/AR OR DATES)		1042 5	7
No	262-42-0	638   Hattie	James 1043 W. I	Fayette St.
PART I DEATH WAS CAUSED	ane cause per line for (a), (b), and (c).)  BY:	Lomorrhana		BETWEEN ONSET AND DE AT
4379 IMMEDIATE	CAUSE (a) INTRACTANTA  / DUE TO, OR AS A CONSEQUENCE	Hemorrhage		
Canditions, if any, which	DUE TO, OK AS A CONSEQUENC	. Or		
gave rise to immediate	(b)			
cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENC	OF		
	(c)			
1 - 1	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN I	PART 1 (a).	
	of the Liver			
190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED?		20 AUTOPSY?
THE STATE OF THE S				YES XX NO
	216 TIME OF INJURY HOUR A.M. MONTH DAY YE		RED LENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
CONTRIBUTING CAUSE OF D				
UNDERLYING OR CONTRIBUTING CAUSE OF D  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	of the remains described above, held an	Autapsy XX, Inspect	an , Inquiry , and in	my apinian
		Suicide . Hamicide	Undetermined manner .	, spinion
Talure	Δ. 17.	TITLE (SPECIFY)	Chicalettanico monte.	
ACTUAL SIGNATURE	ite me you	M.D. Assistan	MEDICAL EXAMINER	DATE 8-23-82
Janes Janes	40. 4 000			DIGINED
(TITE ORTHUNT)	garita A. Korell, M	ADDRESS	II Penn Street	
23a. BURIAL, CREMATION, REMOVAL 23	b DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BURIAL	8/28/82 Bethe	eham Cem	Summerville	s. c.
24 FUNERAL DIRECTOR	ADDRESS	250. DATI	IG 26 1982 256 REGISTR.	AR'S SIGNATURE
Wm. C. March	F/H 1101 E. Nort	h Avenue Al	16 26 1982 Joan	is whilly

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND						
TMENT OF HEALTH AND MENTAL HYGIENE 🔉	2	9	0	3	9	R
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DEPAR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 26 HOUR COVER CHERRING Gavin Marie [0 Louise 1 5EX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS 1897 A HALLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND ALTIMORE WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 2805 CLEARVIEW AVE. OSPITAL AUNDRESS SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2805 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? LEARVIEW AVE. 1D NO 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME M. VIARY DELL 60 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO INFORMAN (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) odl M. Nies - 3008 Overland No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY Hupertensive Cardio Vascular dis DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [ YES T 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK (2) 220.1 certify that (1) (this hospital) attended the deceased fram 20 saw the deceased alive an, abave. (1) (we) (did) ( 226 SIGNATURE DEGREE 22c DATE SIGNED M.D ATTENDING MEDICAL STAFF 8-10-82 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS andort 7403 Dona la 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE

BP. DHMH - 16 60M 1/75 (VRA 15 (4))

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24 FUNERAL DIRECTOR

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OUDON PARK BALTO

GISTRAR'S SIGNATURE

The state of the state of the state of the state of VENEZUE E PRESENTATION DE LA COMPANION DE LA C Place of the Company of the control The state of the state of the state of the sand requires that the death certificate be executed within 24 haurs after death. Page 4 may be

and campletely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-framit permit. Then please remove carban papers: Pages

marked of them 18 shaws any injury, or other troumatic event, the and Mental Hygiene prior to burial, cremation, or removal.

1.	FOR STATE REGISTRAR	DE	PARTMENT OF H	EALTH AND		IENE 8 2 REG. NO.	2 0 3	9 9
	CEASED NAME FIRST	MIDDLE		AST	THIN!	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	CLIFFOR		NE	GAY			1982	М
D. SE		4. RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		HOURS MIN.
-	Male	White	Dec	17.	1925	56 YRS		
1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIE	D NEVER	MARRIED -	9. BALTIMORE CITY OR COUN		
	est Virginia	U.S.A.	WIDOWE		NORCED	Baltimore Ci		MD.
10. C	Brooklyn	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Home 3903	E STREET ADDRESS)	Circl		(TYPE OF WORK FOR MOST OF WORKING  Maintenence	Chemi	BUSINESS OR
	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY O	E BEFORE ADMISSION)			130 STREET ADDRESS 3903 Inner (		
14. F	ATHER'S NAME		ST	15. MOTHER	S MAIDEN NAM	WE	LAST	
1	Samuel		Gay		Sadie			ears
	WAS DECEASED EVER IN U.S. AI		L SECURITY NO.	17. INFORM	ANT	ADDRESS		
		.W. II 722	12 0405	Evel	yn Gay	same as 13	e	
CERTIFICATION	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	CONDITIONS CONTRIBUTION	IG TO DEATH BUT			IN CER	GIVEN IN PART 100  (ES, WERE FINDING TIFYING CAUSES C	
CER	21a. ACCIDENT WAS UNDERLYING		H DAY YEAR	21c. HOW II	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM T		
1	OR CONTRIBUTING CAUSE OF DE	AIR	19					
MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PEACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCAT		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this hasp saw the deceased alive or		/	nd that in (my	) (aur) apinian d	, ta		not (I) (we) fast auses stated
L	27% SIGNATURE	May	3h			MEDICAL STAFF DIRECTOR   PHYSICIAN	SI G	I/A
1	PHYSICIAN'S NAME (TYPE	fetaling	hag	220. ADDRE	30,	Petassa 1	Balfa	dons
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	8/21/82		Hill	Cemete		COUNTY A.A.	Md.
_	eorge J. Gon	AD.	chie Hg	war.	ALIC	e rec'd. By registrar in registrar in registrar	ISTRAR'S SIGNATU	reef !
9	COLEC O. COLL	CC TOOL III O	OHT C HE	** 4	INUU	, _ U U U U	-	-

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should be detached for use as with the State Dept. of Health MPORTANT, If Bern 21 is

(VRA 15, 4)

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34

stoined by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the bunial-transit permit. Then please remove carbon papers. P with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.

# IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

8	-5	
O	dia.	

	FOR STATE REGISTRA	AR		DEPART		ELALTH AND MENTAL HYC	GIENE 8 2	20	0 4	0 0
	1. DECEASED NA	ANNA	ANNA	A. A.	Gt	SPPI	20. DATE OF DEATH	MONTH DAY	.82	HOUR PIZSPM
	Fepa		White		Jan.		6 AGE (IN YEARS LAST BIR	MON YRS.		UNOER 24 HRS
5	Maryla Maryla	(STATE OR FOREIGN	U S A	WHAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	R COUNTY OF		MD.
2	Baltimo	re	St. A	ch Facility, GIVE STREE	pital	or other institution	120 USUAL OCCUPATION OF WORK FOR MOST OF THE PROPERTY OF THE P	OF WORKING LIFE)	12b. KIND OF BUINDUSTRY Koppers	
5	Maryla Maryla			136. CITY OR TON Baltimo:	WN	134 INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 615 Charr	away Rd	i.	
2		seph	WIDDLE	Skirk		15. MOTHER'S MAIDEN NA Josephin	MIODLE		oka	
	(YES, NO OR UN	SED EVER IN U.S. A	ARMED FORCES?  GIVE WAR OR DATES!	166 SOCIAL SEC		Rose Geppi,			21229	
	gave ris couse (i underlyin	is, if any, which e to immediate a), stating the g cause last.		Vorte OR AS CONSEG	NCE OF	pertensión	MINAL DISEASE OR CON	DITION GIVEN	IN PART Ira	
1	190. DATE (	OF OPERATION	196 CONE	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS	
	OR CONTRIE	ENT WAS UNDERLYING BUTING CAUSE OF D NOTIFY MEDICAL EXAMIN Y OCCURRED NOT WHILE AT WORK	21e. PLACE	OF INJURY .M. MONTH [ .M. OF INJURY REET, FACTORY, OFFICE,	19	216 HOW INJURY OCCUR		RY IN ITEM 18 PART I		STATE
	saw t abaye	fy that (I this has he decreased alive of the land (and I did a	not view the body	deceased from		, 19_nd that in (my) (our) apinian DEGREE ATTENDING PHYSICIAN	, ta	FF V		
	230 BURIAL, CRE (SPECIFY) Buria	MATINOVA 1	8/16,	/82 C1	restla	emetery or crematory wn Cemetery	23d LOCATION CITY OR TOWN Marriotts	ville,		
	24 FUNERAL DIR	1630	Edmonds	n Avent	Caton	sville, Md 250. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR	'S SIGNATURE	

Witzke Catonsville Funeral Home, P.A. 21228

DHMH - 16 50M 1/B1 (VRA 15, 4)

(C) 12 (C) 2 (C) 2 (C) 12 (C) TO THE PARTY OF TH 30 July 1912 1912 19 1918 The time viscous and the contract of the contr and the same of th ESTA .LE (Massimil) and , Inches more .A. C. 222 back Victor on the same of the same of the

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	Company of the Compan	I. DECEASED NA

njury, or other traumatic event, the

should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

IMPORTANT: If them 21 is marked or Item 18 shaws any

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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D.C.	0 110	2.9	2.9			

1		REGISTRAR			CERTIF	ICATE OF DEAT	H	RI	EG. NO.			0
ı		CEASED NAME FIRST		WIDDLE		AST	1	2a DATE OF DEA		DAY YEAR	2b HO	UR 4
I	(1176	ESTELL	E	P.	GET	rzel			8 3	31 80	11:	57M
	3 SE	Female	4 RACE Wh	1te	5 DATE O	OF BIRTH	640	6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDE	
		RTHPLACE (STATE OR FOREIGN TOUNTRY)  Maryland		WHAT COUNTRY? States	8 MARRIE	D NEVER MARR	ED 🗆	9 BALTIMORE C	ITY OR COUNT			
	10 CI	TY OR TOWN OF DEATH  BALTIMORE	11. NAME OF		ADDRESS]	OR OTHER INSTITUT	-	BALTI  120 USUAL OCCI (TYPE OF WORK FOR: House -	MOST OF WORKING	12b. KIN [		MD. IESS OR
1	13a. S <b>Ma</b> :	ALRESIDENCE (IF NURSING ME COU TATE 136 COU TYLAND -	NTY	Baltimor	N	13d. INSIDE CITY LI YES NO 15. MOTHER'S MAI			RESS • Bayli			
1		Peter	MIDDLE	Wagner		Eliza	heth	MIC	DDLE	Cher	LAST	
		AS DECEASED EVER IN U.S. A		166 SOCIAL SECUI 219-16-9		17. INFORMANT Eleanore			ADDRESS 403 Ric		Ave.	
	Z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, O  (c)  CONDITIONS C		NCE OF ULOS/	· ,	HE TERMI	nal disease or	CONDITION G	IVEN IN PART	1101	
	CERTIFICATION	CONCESTIVE 19a. DATE OF OPERATION	196 COND	FAILURE ITION FOR WHICH		n was performe		20€ AUTOPSY	IN CERT	ES, WERE FIN IFYING CAUS YES []		TH?
	MEDICAL CER	71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE	P. PLACE	m. month da m.	19	21c. HOW INJURY 211 LOCATION STREET	OCCURRE		OF INJURY IN ITEM 18	COUNTY	2)	STATE
	1	27a.1 certify that (1) (this hose sow the deceased alive or above, (1) (we) (did) (did not be something)	AUGUST	3/ 19/	82 , or	nd that in (my) (our) DEGREE ATTEN	opinion d		STAFF	our and from t	e, that (I) he couses s	(we) lost toted
		CARL SPE	RLING	M.D.		22e ADDRESS		USRSITY		'AY	BACTO	2121

TO FUNERAL DIRECTOR:

OR ATTENDING PHYSICIAN: The

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

1982 Holy Rosary Cemetery

23d LOCATION
CITY OR TOWN
- - Baltimore Co.,

STATE

Md.

Burial 24 FUNERAL DIRECTOR

Lilly & Zeiler Inc. 700 S. Conkling St.

SEP 3 1982

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Permin which May 17, 1905 th X test to the second A STATE OF THE STA Lagrange . Bellis X whost 188 - - had year - - - 319-10-9000 - The substract 300 Michael Ave. Burget lept. 5.2567 Dair Rose, Cometry - - Balshere Co., Md. 

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funitial direct should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled —ithen 72 took with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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IMPORTANT: If them 21 is marked ar Item 18 shows ony injury, ar ather traumatic event, the

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FOR STATE REGISTRAR

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE
DOLE	LAST	20 D

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	PEG NO					

	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
(114)	e or print)  Bess.	ie Virginia	Gibson	August 17	. 1982 5:01P M			
3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
	Female	White	March 2, 1890	92 YRS	MONTHS DAYS HOURS MIN			
a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8.	9 BALTIMORE CITY OF COUNT	Y OF DEATH			
	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		,			
I.C	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD.  126 KIND OF BUSINESS OR			
	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING )				
SU		Maryland Gene		Housewife				
30.	Md 136 COL	Baltime	WN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS 2211 W. Roger	s Avenue			
(F	ATHER'S NAME		15 MOTHER'S MAIDEN	NAME				
	William Edw	ard Hunt	Mary FIRST El	izabeth Hare	LAST			
50 V	WAS DECEASED EVER IN U.S. A		V	ADDRESS				
-	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 214 22	8357 D. The Wesle	W Home 2211 W	Rogers Ave. 2120			
_	Lu anna anna a	<del></del>		y nome ZZII W.				
		inly one couse per line for (a), (b), a ED BY.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	40/ IMMEDIA	TE CAUSE (o) Respirato	ory railure					
7	1000	DUE TO, OR AS A CONSEO	UENCE OF					
	Conditions, if ony, which gove rise to immediate	( Pneumonia	3					
	couse (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF					
	underlying couse lost (c)							
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
0								
CAI	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	1 33				ES NO			
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH						
MEDICAL	OR CONTRIBUTING CAUSE OF DE	AIR	19					
8	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION					
ž	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE			
		pital) attended the deceased from	August 4	32 August 17	10 82 A X			
	sow the deceased alive a	August 17		on death accurred on the date and hou	19, that (we) lost			
	obove, (tr(we) (did)/drte	view the body ofter death.	DEGREE					
	The last	Airell 1/1)	ATTENDING	MEDICAL STAFF	The DATE SIGNED			
	22d. PHYSICIAN'S NAME =======	Mill Company	PHYSICIAN	DIRECTOR PHYSICIAN	0//1/10			
			22e ADDRESS	/\				
	Chery1 Pow			and General Hospit	al			
3a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY STATE			
	Burial	8/20/82 Dr	ruid Ridge Cemeter	Z Bikesville	Md.			
4 F	UNERAL DIRECTOR		250 [	ATE REC'D. BY REGISTRAR 755 AT CIS	TRAR S SIGNATURE			
	burgee Funeral	Home 3631 FAL	LS Bood 21211 A	UB 1 8 1982   Jac	9. (24.214			

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	FOR STATE REGISTRAR		RTMENT OF HE	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 2	40.	2 0	di	0
	ORPRINT) WALTER	WIDDLE	GI	BULA-	20 DATE OF DEATH	MONTH O8		2 2	333
3. SEX	male	White	5. DATE OF	E. 17, 1909	6 AGE (IN YEARS LAST B	rthday) 72	IF UNDER		FUNDER 24
	RTHPLACE (STATE OR FOREIGN POLand	76. CITIZEN OF WHAT COUNT <i>USA</i>	RY2 8	NEVER MARRIED	Baltin		ity	TH	
2 0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	TREET ADDRESS)	ROTHER INSTITUTION enal Hospital	12a USUAL OCCUPAT STYPE OF WORK FOR MOST Retired/16	OF WORKING	LIFE) IN MOL	JSTRY	Hopk
130. S	al residence (if nursing hore or state)  anyland Anne		TOWN I	13d INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS		ross	Road	1, 21
14. FA	ATHER'S NAME (Unknown)	MIDDLE Gibu	la	15 MOTHER'S MAIDEN NA Madeline	WIDDLE		(Ui	rkrux	on)
		RMED FORCES? 16b. SOCIALS	ECURITY NO.	17 INFORMANT	Cibula So		#12	1	
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSE		Audrey E.	ROIAL INFAM	ene ac	N BE	APPRÓXIMA TWEEN ON!	TE INTERVA
	18 CAUSE OF DEATH lEnter or PARTI. DEATH WAS CAUSE IMMEDIA.  Conditions, if ony, which	DUE TO, OR AS A CONSE	QUENCE OF	TE MYOCA	ROIAL INFAM	RETIO	N BE		TE INTERVA
IFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	OUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION G	BE SIVEN IN P.	ART I a FINDING	S USED F DEATH?
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WH	OUENCE OF  TO DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	NDITION G	ES, WERE	ART I a	S USED
MEDICAL CERTIFICATION	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA.  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING ACCIDENT	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WH	OUENCE OF  TO DEATH BUT N  HICH OPERATION  DAY YEAR  19	NOT RELATED TO THE TERM	MINAL DISEASE OR CON  200 AUTOPSY?  YES   NO	NDITION G	ES, WERE	ART I a FINDING AUSES O	S USED F DEATH?
	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE PART I. DEATH WAS CAUSE OF DEATH	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFF	OUENCE OF  TO DEATH BUT N  HICH OPERATION  DAY YEAR  19  HICE FARM ETC.)	NOT RELATED TO THE TERM WAS PERFORMED  216. HOW INJURY OCCUR	ANNAL DISEASE OR COM  200 AUTOPSY?  YES NO  CITY OR T  to 8 8  death occurred on the company of	NDITION G  206. IF Y IN CERT IN CERT OWN	ES, WERE FIFTING C. YES COU	ART I a FINDING AUSES O	S USED F DEATH? NO  STAT

Balto Md., 21225 237 E. Patapsco Ave. AUG 1 0 1982

25 PEGISTRAR'S SIGN CURE

DHMH - 16 50M 1/B1 (VRA 15, 4) 24. FUNERAL DIRECTOR

Mc ully Funeral Home

etained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked or Imm 18 Rows ony injury, or other troumatic event, the

1.	FOR	DE		OF MARYLAND ALTH AND MENTAL	HYGIENE R 2	20404
11.	STATE REGISTRAR			ATE OF DEATH	REG. NO.	20404
	CEASED NAME FIRST	MIDDLE	LAS	Т	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
(1178)	Willie	D	Gilli	am	08/07/82	8:05p <sub>M</sub>
3 SE	X	4 RACE	5 DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	Male	Black	5	30 22	60 YR	MONTHS DATS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8	☐ NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
	VA	USA	WIDOWED	DIVORCED	D = 7 1	City MD.
10 C	Baltimore	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV Johns Hop)	/E STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR INDUSTRY
35U  3a	AL RESIDENCE (IF NURSING HOME OF STATE DUCC.	ROTHER INSTITUTION GIVE RESIDENCE NTY 13. CITY O		3d INSIDE CITY LIMITS	S? 13e STREET ADDRESS 4807 IOWa	Avenue
114. F/	ATHER'S NAME	MIDDLE	AST 1	5. MOTHER'S MAIDEN	NAME	
	Richard	Gilli		Nann	nie	Redd
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SOCIA	L SECURITY NO. 1	1 INFORMANT	ADDRESS	
	No		I/A	Frances	Jackson 4807 1	Owa Avenue  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N	/4	1 1 1	NSEQUENCE OF	neumatoid	Lung  TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110.
CERTIFICATION	190 DATE OF OPERATION	. 1 . 1	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
MEDICAL CERT	210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONT	H DAY YEAR		CURRED (ENTER NATURE OF INJURY IN ITEM	
MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM ETC )	RIF LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this hasp sow the eccosed alive or above (III) wer (did)) did no	( / Perrit	Co	that in (my) (our) apir	nion death occurred on the date and	hour and from the causes stated
14	226 SIGNATURE Danha	in Latte	m	GREE ATTENDIN PHYSICIAL		221. DATE SIGNED 8/7/82
	Barhara	Little Mi		Dept - of	Medicine, Joh	DS Hiplains Hosp
230 E	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	23b. DATE 8/11/82		netery br cremato	CITY OR TOWN	COUNTY
24 FL	UNERAL DIRECTOR	40		25a.	DATE REC'D. BY REGISTRAR	DISTRAR'S SIGNATURE
V	Vm. C. March	F/H 1101	E, North	Ave.	AUG 1 1 1982	and lakely

John and the longer and the market 10-38-1 1/8 A HOUSE MAN TO SELECT TO LIGHT

2	2	FOR 1 - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	YGIENE
		1. DECEASED NAME	FIRST	MIDDLE	ŁAST	2a. D
- 1	7	(TYPE OR PRINT)	FDANCEC		CTI AAOD	

ATE OF DEATH MONTH YEAR August 3. 1982 GILMOR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH MONTH YEAR

FRANCES SEX RACE Female White 17. Mar. 1884 98 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ASTATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City Maryland JSA WIDOWED DIVORCED 12a USUAL OCCUPATION 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR

NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Raltimore 22 W. Chase Street Proprietor

13e. STREET ADDRESS 13r. CITY OR TOWN 22 W. Chase Street 21201 Maryland Baltimore YES X

15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE Judge Robert Gilmor Joseph ine Albert 166 SOCIAL SECURITY NO 17 INFORMANT

(YES NO OR UNKNOWN) 32 8879 Rev. Douglas Pitt, Balto., Md.

APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic NEUMONIA PART I. DEATH WAS CAUSED BY 7 DAY IMMEDIATE CAUSE DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

RTERIO SCLERATIC HEWRT DISEASE 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH?

NO NO [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STORET

notended the deceased from sow the deceased alive on JULY and that in (my) (ext) opinion death occurred on the date and hour and from the causes stated

22r. DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ 8/3/82

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

901 N. Howard St., Balto., Md.

Balto

Dr. Carlton Sexton, MD. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN (SPECIFY)

Green Mount

8/5/82 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

250. DATE REC'D. BY AGGISTRAR 256. REGISTRAR'S SIGNATUR

MD

STATE

INDUSTRY

Inn

DHMH - 16 50M 4/B2 (VRA 15, 4)

CERTIFICATION

Burial

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campletely filled in by

### STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE O	OF DEATH	REG.	NO.	9			
DECEASED NAME	FIRST	WIDDLE	LAST		2a DATE OF DEATH	HINOM	DAY	YEAR	26 HOU	JR
	Hattie		Gilmore			8 2	4	82		M
3. SEX		4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER	IYEAR	IF UNDER	24 HR5
Female		Black	5 26	89	93	YRS	MONTHS	DAYS	HOURS !	MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY?	MARRIED WEV		9 BALTIMORE CITY	_		ATH		
S.C.		USA	WIDOWED	DIVORCED [	Baltimo	ore Cit	.V			MD
10. CITY OR TOWN OF DEATH			INSTITUTION	12a USUAL OCCUPA	MOITA	12b. 1		BUSINE	SS OR	

	Female	Black	5	26 89	93	YRS.	HS DAYS	HOURS	MIN.
1	78. BIRTHPLACE (STATE OR FI COUNTRY) S.C.  10. CITY OR TOWN OF DEA	USA	WHAT COUNTRY? 8 MARRIE WIDOWI HOSPITAL, NURSING HOME (		9 BALTIMORE CITY C  Baltimore  120 USUAL OCCUPAT	e City	DEATH	E DI ICINII	MD.
0	Balto.		eran Hosp.	or other institution	(TYPE OF WORK FOR MOST O		NDUSTRY	L DOSINE	:55 OK
7		NG HOME OR OTHER INSTITUTION 136 COUNTY	GIVE RESIDENCE BEFORE ADMISSION) 130 CITY OR TOWN Balto.	13d. INSIDE CITY LIMITS? YES 🔣 NO 🗌	13e STREET ADDRESS 1212 Bloom	mingdale	Rd.		
7	John	WIDDLE	iett	15. MOTHER'S MAIDEN N Minnie	AME		LAS	1	
	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 218-46-9838	17_INFORMANT Lula Falls	1212 Bloomi		Ave.		
	PART I. DEATH W.  Handle Grant State of Conditions, if only, gover rise to imm couse (a), stating underlying couse  PART 2 OTHER SIGN	DUE TO, O which ediote g the lost (c)	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  DOTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	minal disease or con	DITION GIVEN IN	BETWEEN	MATE INTER	DEATH
7	19a. DATE OF OPERAT		ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	CAUSES	IGS USEI OF DEAT	TH?
-	21a. ACCIDENT WAS UND		FINJURY M. MONTH DAY YEAR	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)		

P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM, ETC.) STREET NOT WHILE

22a.1 certify that (1) (this haspital) attended the deseased fro saw the deceased alive an above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

King Mem. Pk

ATTENDING PHYSICIAN PHYSICIAN'

23b. DATE

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN

MEDICAL

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 8/30/82 24 FUNERAL DIRECTOR Wm C March F/H

1101 E. North Ave.

STAFF PHYSICIAN

Baltimore Co.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

ATTENDING

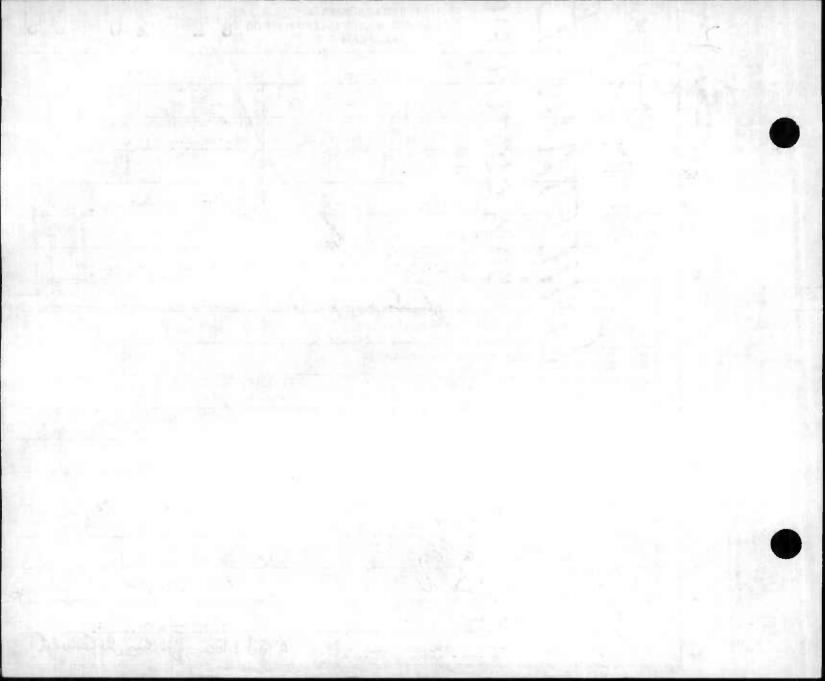
os the buriol-transit permit. The thought and Mental Hygiene prior to After this certificate has been

marked or Item 18 shows ony

IMPORTANT: If Item 21 is

should be detached for with the State Dept. of

MEDICAL



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	2	2	0	S.	1
•	files	dian	9		

	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	WAIT	ER	J.	GTI	MORE, Sr.	AUGUST 2	1 10	82	01.471
3 SE		4. RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHUAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Whi	te	Nov		61	YRS	MONTHS DAYS	HOURS MIN.
-	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
	eckley, W. Va.		.A.	WIDOWE	DIVORCED	BALTIMOR	E CIT	Y	MD,
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS		12b. KIND C	of 04/14 ce
	ALTIMORE	THE JO	OHNS HOP	KINS	HOSPITAL	Retire	d	City	Police
13a	AL RESIDENCE (IF NURSING HOME OF STATE 134 COUN	1TY	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	S	CI	
W	. Va. Rale	eign	Beckle	У	YES NO S		. Kana	awha S	t.
1	James	MIDDLE	Gilmor	е	. Sally	ME		Hedr	ick
160	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.		OII)	RESS	1970	
	Yes WW118	Korea	232-01-	9790	Walter J.	Gilmore,	Jr. 1	Bear,	Dela.
	18 CAUSE OF DEATH Enter or	ly one couse per	line for (a), (b), and	Icia				APPROX. BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IN I A GENERAL CAUSE OF CARDIO PULMONARY FAILURE						20		
	TIT	DUE TO O	R AS A CONSEQUE	NCE OF					
	Conditions, if ony, which (b) END STAGE ISHMIC HEART DISEASE 5 MOS.								mos.
	gove rise to immediate cause (a), stating the	)	R AS A CONSEQUE						
	underlying couse lost. (c) REFERETORY ARRYTHINIAS 5 MM								
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION			4.,						
\ S S	190. DATE OF OPERATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	10b. IF YES	S, WERE FINDING CAUSES	NGS USED S OF DEATH?
E	AUG. 24 1952	ISCH		DIAC		YES NO	YE		NO 🗌
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	PART ( OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	) P.	M	19			2.		
N N	21d INJURY OCCURRED	(AT HOME ST	OF INJURY REET, FACTORY OFFICE, FA	RM ETC )	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	AT WORK AT WORK			,					
	22a. I certify that (1) this hospi sow the deceased alive on		011	0 -		to Beac o	24	19 6-2,	that (I) (we) lost
	obove (Dwe) did Xdid no	t) view the body	ofter death.		nd that in (my))(our) opinion o	death occurred on the	date and hou		
	27b. SIGNATURE	1			DEGREE	MEDICAL ST	AFF \	22c. DATE	SIGNED
	22d. PHYSICIAN'S NAME (TYPE O	100	to	-	PHYSICIAN [	DIRECTOR PHYS		17460	24,142
	110. PHISICIAN'S NAME (TYPE O				27e ADDRESS	./	,/		
	CRAIG Y	ETERS			VOHNS,	HOPKINS	Hospic	41	
23a. I	BURIAL, CREMATION, REMOVAL	23b DATE	4		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
24 5	Burial  JNERAL DIRECTOR E. 1	8/28 Barnes	3/82 Su	nset	Mem. Pk. C				W. Va.
24 F	-1444E		. ADDRESS	210	22.1	IG 26 1982	R 256 R ST	RAR'S SIGNAT	PE & 1
	Freming Fund	TAT DE	TAICE	Bens	on, Md.	2 2 0 100L	100	more	anuly

DHMH - 16 50M 1/B1 (VRA 15, 4)

shauld be detached far with the State Dept. of I

8/28/82 Barnes 24 FUNERAL DIRECTOR E.

Benson, Md.

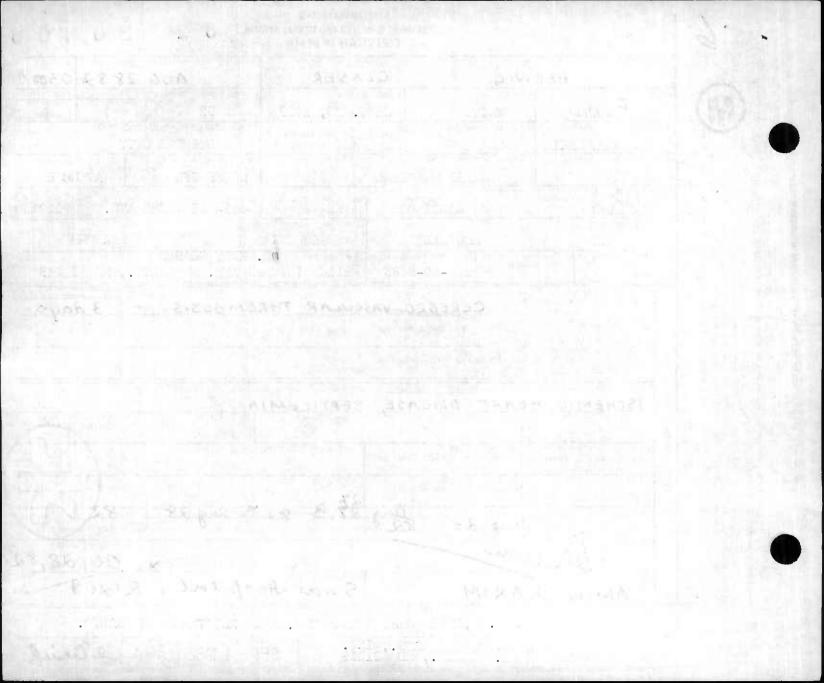
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed within 72 incomplete with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical exchiniter huse be notified about
	5 9	F 3	≥

DHMH - 16 50M 1/B1 (VRA 15, 4)

	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.							0 8
		CEASED NAME FIRST	MIDDLE			2a. DATE OF DEATH	MONTH D	YEAR	2b HOUR	— Л
			4. RACE					882	0300	M
	3. SE	FEMALE	WHITE	SEP		6 AGE (IN YEARS LAST BE	IF UNDER I YEAR	HOURS MIN.	-	
	7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	No.	
		CZECHOSLOVAKIA	USA			BALTIMO	M	ND.		
1		ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIFI	HOME	NESS OR		
5	13a S	MARYLAND 13b. COUP	NTY 13c. CITY OR TO	WN	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS 6114 BILT	rmore A	WE.	#21215	5
0	14. F.A	ATHER'S NAME FIRST MAX			EÜGENIA	UNKNOWN				
1	16a_V	NAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES	MHITE  S. DATE OF BIRTH  SEPT. 23, 1889  SEPT. 24, 1889  SEPT. 24, 1889  SEPT. 25, 1841  SEPT.		BALTO.	, MD	21215		
	TION	ISCHEMIC 1	DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO  HEART DISE,	UENCE OF  DEATH BUT	SEPTICEM	IA.				=
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		IN CERTIFY YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?  S \( \sum \) NO \( \sum \)			
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		31¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAI	RT 1 OR PART 2)		
	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC }	STREET	CITY OR TO	OWN	COUNTY	STATE	
		220-1 certify that (I) (this hospital) attended the deceased from 242 28, 1982, to 442 28, 1982, that (I) (we) lost saw the deceased alive on 422 28, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) lost in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) lost in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (I) (we) lost								
		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DAY 28,82								
		AMIN (TYPE C	KARIM			ospital	-, 8	1120	9.	
	L '	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	AUG. 30, 1982	OHEB S	SHALOM MEM.PA			BALTO		
	24 FU	DIOMEREISTERSTON	L LEVINSON & BI	ROS.,	INC. 1215 25a DA 5	TE REC'D. BY REGISTRAN	256. FEGISTR		shield	

STATE OF MARYLAND



FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

١		REGISTRAR			CEKITE	ICATE OF DEATH	REG. N	0.		,		
ı		CEASED NAME FIRST TACK		WIDDIE		55MAN	20 DATE OF DEATH	MONTH DAY	0 -	2b. HOUR		
ł								0 0	1-02	TPM		
	3.5E)	MALE	CAU		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN.		
1			Th CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		Y OF DEATH			
1	Ŕ	MARYLAND			WIDOWE		BALTII	MORE	Ci	TY, MD		
9	10 CI	ALTIMERE		HOSPITAL, NURSING CHIFACILITY, GIVE STREET AC		PITAL	12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST C ARTIST	ON DE WORKING LIFE)	12b. KIND C INDUSTRY AR	OF BUSINESS OR		
1		AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN		130 CITY OR TOWN BALTIMOR		134 INSIDE CITY LIMITS?	6921 REIST	IST ERSTOWN		21215		
1	14 FA	THER'S NAME	AIDDLE			15 MOTHER'S MAIDEN NAM						
		LOUIS		GLASSMAN		FIRSSARAH	MIDDLE		UNKNO	iWN		
		(IF YES, GIVE	MED FORCES?	16b SOCIAL SECUR 214-18-78			. SHIRLEŸ <sup>DO</sup> Ğ RSTOWN RD.			FL. 21215		
١		18 CAUSE OF DEATH (Enter and	y ane cause pe	r line far (a), (b), and	(C)		BET					
ı		PART I. DEATH WAS CAUSED		Museca	td	ial Infac	tion					
		4/00										
		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (b)										
ı		gave rise ta immediate										
١		underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF										
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
ı	0											
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDING			NGS USED		
	JEIC						YES NOW	IN CERTIFYING CAUSES OF DEATH				
1	ERI	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	21c. HOW INJURY OCCURR				NO []			
ı		OR CONTRIBUTING CAUSE OF DEAT	n	M. MONTH DAY	YEAR							
ı	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  214 INJURY OCCURRED	P. 21e. PLACE	M. OF IN ILIRY	21f LOCATION							
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE, FAR	M, ETC )	STREET	CITY OR TO	MM	COUNTY	STATE		
ı	0.00	220.1 certify that (I) (this haspit	al) attended th	e deceased fram	8-18	19 72	to 2 - 3	5/ 10	22	that (I) (we) last		
ı		saw the deceased alive an abave, (I) (we) (did) (did nat	7-31	19. *	<b>2</b> _, ar	nd that in (my) (aur) apinian d	leath accurred an the do	ate and haur a				
1		IZI SIGNATURE	view the bady	atter death.		DEGREE			22c. DATE			
ı		Dougles	800	Range		ATTENDING PHYSICIAN	MEDICAL STAF		7-3	1-77		
1		226 PHYSICIAN'S NAME (THE DE	PRINT)	20000	-	22e ADDRESS	DIRECTOR PHISIC	AND	16-0	20-1		
		Douglas 1	- +	BARNES		Sin	lai Lic	150				
1	230 0	URIAL, CREMATION, REMOVAL						1				
	230. B	SPECIFY BURIAL	SEPT. 2	,1982 KNE	SSET	EMETERY OR CREMATORY THE ISRAEL ANSHI	E KOLKORTONBA	LTĬMORI	BUNTY N	IARYLAND		

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health IMPORTANT. If Item 21 is

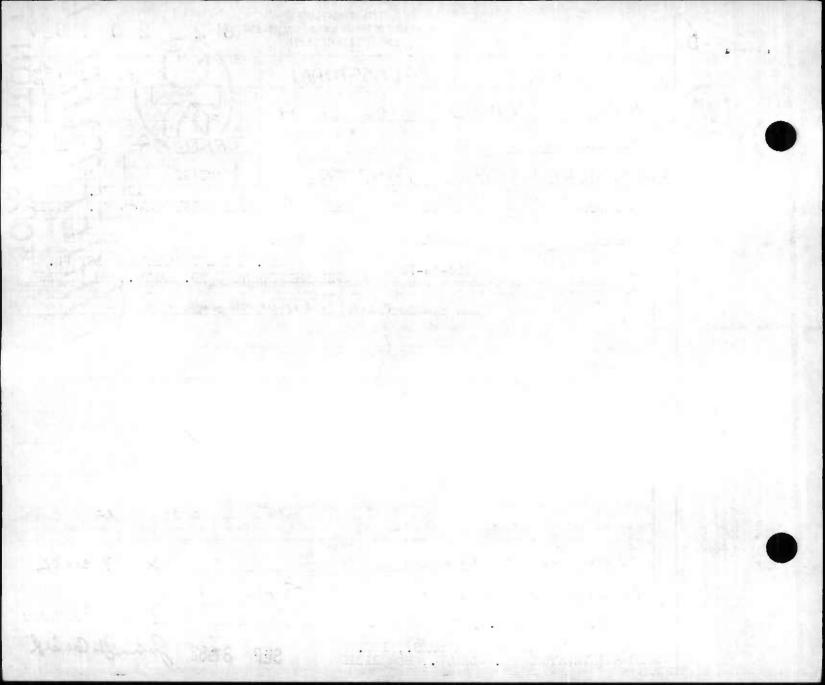
and Mental Hygiene prior to burial, or certificate has been sign

Item 18 shows

OR ATTENDING PHYSICIAN: The lo

24 FUNERAL DIRECTOR

FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN RD. BALTO., MD INC. 21215 SEP BY REGISTRAR 256 R. GISTRAR'S

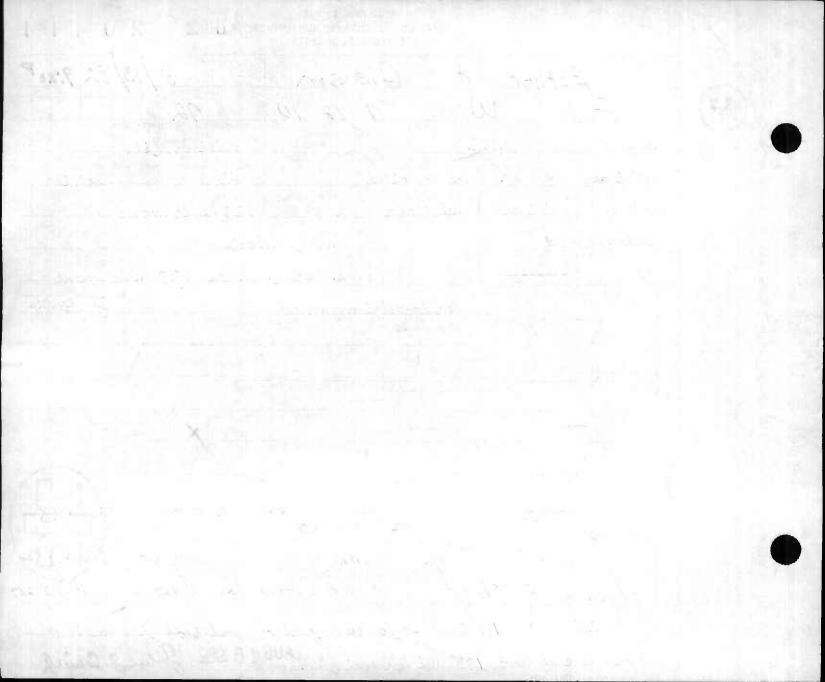


9	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTA		8 2 REG. NO.	20	find
/		CEASED NAME	FIRST	MIDDLE	L	AST	26. DA	TE OF DEATH MONTH	DAY YEAR	2b. HOUR
			edicta		GL	aveckas	-	08	16_82	4:12
	1. SE	Ď.	4. RACE		5 DATE C			(IN YEARS LAST BIRTHDAY)	MONTHS DATE	R IF UNDER 24 HR
_	f	male	w		104		70	92 x		
9	N. B	RTHPLACE (STATE OR FO		WHAT COUNTRY	MARRIEI	D NEVER MARRIE		TIMORE CITY <u>OR</u> COU		
4	10.0	Lithuania		nuania	WIDOWE			altimore Ci		
0	10 C			ICH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTIO	(TYPE O	UAL OCCUPATION F WORK FOR MOST OF WORK	ING LIFE) INDUSTRY	OF BUSINESS C
9	arsu	Baltimore	NC HOLES OTHER HOSTITUTION	St. Agne		pital		Seamstress		
3	130. 3	STATE	NI OUNTY	13c. CITY OR TOW	VN I	134 INSIDE CITY LIMI		REET ADDRESS		07000
4		aryland	Baltimore	Catonsv	ille	YES NO NO		l Maiden Ch	oice Lan	ie,21228
21	1	1801	WIDDLE	LAST		FIRST		MIDDLE		AST
0	16a \	Joseph VAS DECEASED EVER I	N U.S. ARMED FORCES?	teponavio		17 INFORMANT	U	n k n o w	n estminst	an MJ
1		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	218-10-0			20 To	cust St., A		2115
	-		l.c.			A. Chesho	20 TO	ust St., A	PL. 014	ZIIJ
		PART I. DEATH WA		Cardio		mater	arre	1-	BETWEEN	ONSET AND DEAT
	2	507	IMMEDIATE CAUSE (a)			were org	oo ru			
-1		Condition if an		OR AS A CONSEOU	ENCE OF	11-1-		-V Block	7	
	gave rise to immediate									
		cause (a), stating underlying cause	last DUE TO, C	OR AS A CONSEQU	ENCE OF	assist	in for	Monaster		
		PART 2 OTHER SIGN	IFICANT CONDITIONS	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE	TERMINAL DIS	SEASE OR CONDITION	GIVEN IN PART 1	(0)
	NO.	Dialeli	Mullite	· Senie	4	mentice i	-		· Ascu	10
6	CERTIFICATION	190 DATE OF OPERAT	ION 196. CONE	/ -	,	WAS PERFORMED		AUTOPSY? 206. IF	F YES, WERE FIND	INGS USED
f	#						YES		ERTIFYING CAUSE YES	S OF DEATH?
1	GE	210. ACCIDENT WAS UNDE		OF INJURY	AV VEAD	21c. HOW INJURY O	CCURRED (EN	TER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	
1	CAL	OR CONTRIBUTING C	AUGUST DEATH	P.M.	19					
	MEDICAL	21d. INJURY OCCURRI	ED 21e. PLACE	OF INJURY		211. LOCATION		CITY OR TOWN	COUNTY	STATE
- 1	Σ	AT WORK AT WORK	IE CATHOME, S	TREET, FACTORY, OFFICE, I	FARM, ETC.)	SIREEI		CITORIOWA	COOKII	SIAIE
			this haspital) attended t		8/4		82, to_	8/15	19 82	, that (1) (we) la
1		saw the deceased	d alive on	v after death	82, an	d that in (my) (aur) ap	oinian death ac	curred an the date and	haur and fram the	e causes stated
		226. SIGNATURE		17		DEGREE	/			E SIGNED
	Dennis M. Start M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							8-	15-82	
		22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			22e. ADDRESS	Asne	a Medie	al Cen	ter
		DENNIS 1	M. SM.07	1 MD		Wilkins	+ Pr	ne Hugh	to and	10
	?3a. E	URIAL, CREMATION, R	REMOVAL 23b. DATE	23c 1	NAME OF C	EMETERY OR CREMAT	ORY 23d I	LOCATION		
		Burial	08-18	3-82 M	ost Ho	ly Redeeme	r Ba	altimore Ci	Lty Ma	ryland
	24 FL	INERAL DIRECTOR		ADDRESS				BY REGISTRAR 256 REG		4
	Hu	bbard Funer	ral Home, In		Vilken	s Ave.	AUG 1 8	3 1982 5	and a	shelf
	-					us amounts - en		0		

STATE OF MARYLAND

Committee of the state of the s And the second of the second s ACADA CONTROL OF THE PARTY OF T

	1 -	FOR STATE REGISTRAR	DI	EPARTMENT OF I	E OF MARTLAND LEALTH AND MENTAL HY ICATE OF DEATH	60 600	2	0 4	4 1
1200	(TYPE	EASED NAME FIRST STREET FIRST FIRST	her A	G	leason	REG. 1	8/13	3/82	9:20
A)	. SEX	Female	1. RACE White	MONT	DAY YEAR O	6 AGE (IN YEARS LAST B	2 YRS	PUNDER I FEAR	HOURS AND
35	M	ethplace (state or foreign ountry)	76 CITIZEN OF WHAT COL	MARRIE	D DIVORCED	Baltimore city	_	F DEATH	1
40		Baltimare	11. NAME OF HOSPITAL, (IENOT IN SUCH FACILITY, GI SJ. Hones		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION 0	12b. KIND OI INDUSTRY	F BUSINESS
BS	30. S	TATE TIME CO	OR OTHER INSTITUTION, GIVE RESIDEN UNTY 13c. CITY (	ICE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	e Avenu	10	
30		ther's NAME illiam Bennetz		AST	15. MOTHER'S MAIDEN N Mary E. R	Roberts		LAST	ī
2 medical		AS DECEASED EVER IN U.S. / ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 16b SOCI.	AL SECURITY NO.	Mrs. Mary 8	Givens 4	sess 503 Mar	de Ave	nue
a burial, crematian, or removo jury, or ather traumatic event,	N	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  T CONDITIONS CONTRIBUTI	nseouence of	NOT RELATED TO THE TER	RMINAL DISEASE OR CO	NDITION GIVEN	V IN PART 11c	0.
shaws ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ( (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF IN.	URY IN ITEM 18 PAR	T 1 OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE FARM, ETC )	21f LOCATION	CITY OR I	OWN	COUNTY	STATÉ
. 21 is mo		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 13 Acrs r	19	nd that in (my) on opinio		dote and hour o		that (I) (we) I couses stated
NT: If Item		226. SIGNATURE	F. Tu	Ja	DEGREE  ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 1	13 /d	SIGNED ug 198
IMPORTANT:		PHYSICIAN'S NAME (TYP)	F. TROPA		900 CHTO.	N Au C	ALTIM	ons, 1	n0 21
	(	urial, cremation, remov,	8/17/82	Loudon	Park emete	CITY OR TOWN	re lit	COUNTY	STATE
1/B1 2		NERAL DIRECTOR Mbrose Junera	1 Home 1228	DDRESS	25. D.	ATE REC'D. BY REGISTRA	R 25b REGISTRS	AR'S SIGNATI	ÜRE



	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8 2	2 0	dig	1 2
		CEASED NAME FIRST	MIDDLE H.	G-06	DENBERG-	20. DATE OF DEATH	MONTH DAY	YEAR 82	26. HOUR 870 M
	1. SE.	hote 5	CHITE	5. DATE (	OF BIRTH H DAY YEAR  (2	6 AGE (IN YEARS LAST BIRTH	MONT YRS.	HS DAYS	IF UNDER 24 HRS
1		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	b. CITIZEN OF WHAT COUN	WIDOW	ED DIVORCED	9 BALTIMORE CITY OF	etr (	ity	MD
2	6	Belt	(IF NOT IN SUCH FACILITY, GIVES	T (+	osp.	120. USUAL OCCUPATION OF WORK FOR MOST OF	ON F WORKING LIFE) 11	COM	BANY BANY
5	13a. S	ALRESIDENCE (IF NURSING HOME OR STATE			13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	130 STREET ADDRESS	en Park	¿ Dr.	e C-2
O		FIRST	KXXXXXXXGOLDENI	BERG	DICA XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DELLIDED	NKNOW	N
2	16a. V	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	WAR OR DAYES	-0569	17 INFORMANT MRS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	C-2	#2120	18
		18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.		GO PU EQUENCE OF The Thy	Inoney and provide Cat	o Brain			MATE INTERVAL  DISET AND DEATH  MONTHS
	NOIL	PART 2 OTHER SIGNIFICANT CO							
2	CERTIFICATION	90. DATE OF OPERATION		thy rog	d	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	
ì		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N C	COUNTY	STATE
	3	220-1 certify that (1) (this hospite sow the deceosed alive on above, (1) (wer (did) (did not	8/25/	0-7	nd that in (my) (our) opinion	, to death accurred on the da	te and haur and		that (I) (we) last causes stated
		The SIGNATURE	2 Frold	1		MEDICAL STAF		224. DATE !	25/82
1		220. PHYSICIAN'S NAME (TYPE OR	U/SK4	,	12e ADDRESS	AT 1	+>SPA	m	•

DHMH-16 60M 1/73

<sup>23b. DATE</sup> AUG. 27, 1982 24 FUNERAL DIRECTOR SOL LEVINS 6010 REISTERSTOWN RD. SOL LEVINSON & BROS., INC. ERSTOWN RD. BALTO., MD

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

231. NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO

21215

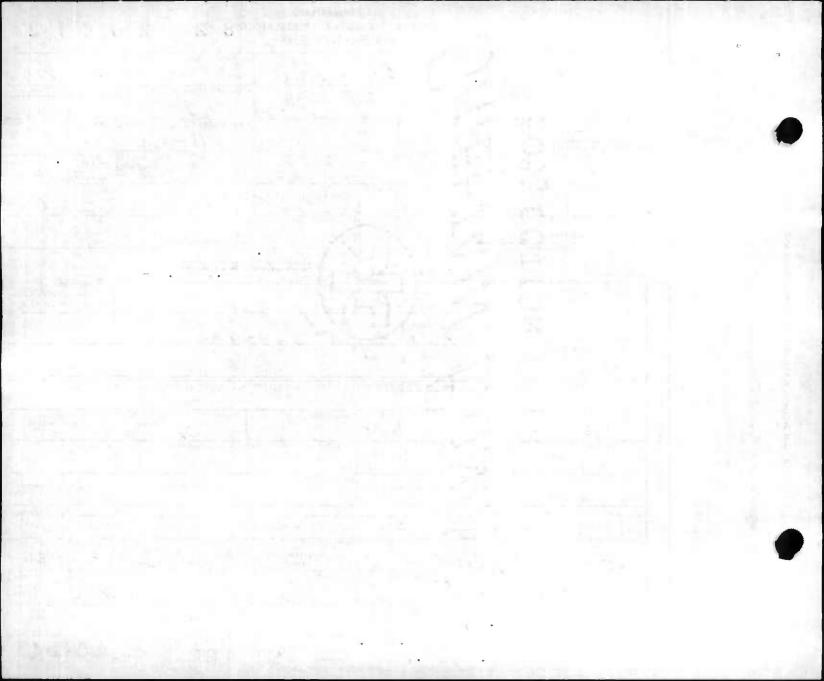
23d LOCATION BALTTMORE

COUNT MARYLAND TE

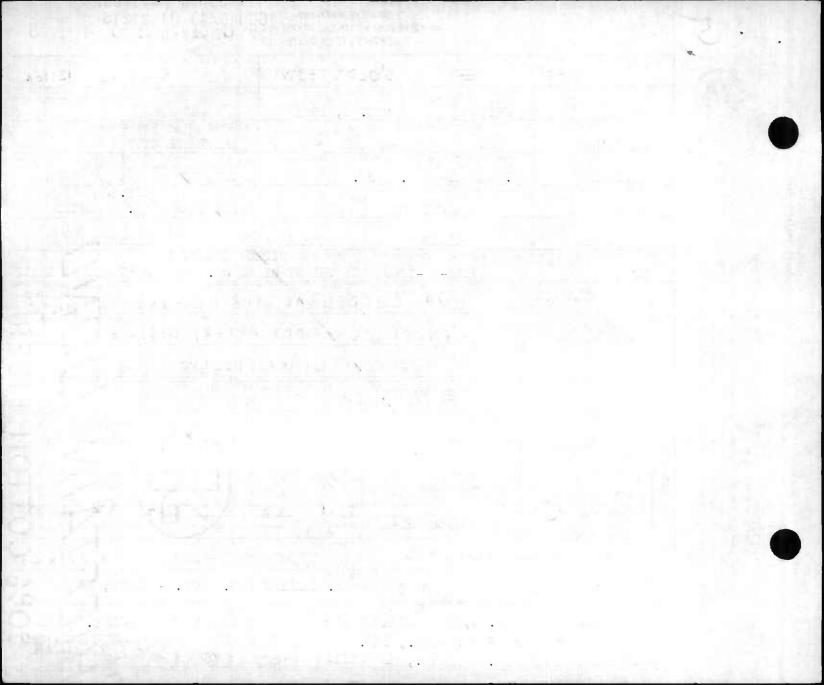
250. DATE REC'D. BY REGISTRAR 250 EGISTRAR'S SIGNATURE. 1 1982 SEP

(VR A 15 (4))

TO FUNERAL DIRECTOR



5	FOR STATE REGISTRAR			DEPARTN	AENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	371006	3 01 21 ARKS 24 REG. NO.	215	1 3
3	1. DECEASED NAME (TYPE OR PRINT)	SADIE	MID	DIE	601	DSTEIN	. 20 DATE OF DE	8/25	SZ YEAR	26 HOUR 12:10 A
	3. SEX		4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS	7	FUNDER I YEAR	# UNDER 24 HRS HOURS MIN.
72 haurs	FEMALE  BIRTHPLACE (SI- COUNTRY)		WHITE	HAT COUNTRY?	MARRIED	3, 1901  Never Married		CITY OR COUNTY		
y the fune led within	MARYLAN  10 CITY OR TOWN O  BALTIMOR	F DEATH	(IF NOT IN SUCH F	SPITAL, NURSIN ACILITY, GIVE STREET A	ADDRESS)	ROTHER INSTITUTION	12e. USUAL OC	MOST OF WORKING LIF	126 KIND C	ME DF BUSINESS OR HOME
filled in b	MARY LAND	F NURSING HOME OR O	OTHER INSTITUTION, GIVE		ADMISSION)	AES XX NO D	13e STREET ADD	ΔDr	г. С	215
ompletely and 2 sh	14 FATHER'S NAME FIRST LOU	IIS ^	NIDDLE	EINER		15. MOTHER'S MAIDEN CLARA	M		GENSTEÎ	,ı N
s. Pages	160 WAS DECEASED (YES, NO OR UNKNOV NO		WAR OR DATEST	13-28-12		17 INFORMANT S] 23 VELVET F	IDNEY GOLD RIDGE DR.	SPEIN OWINGS N		
by the ottending physici rose remove carbon poper 5), cremotion, or removal. r other troumatic event, th	Conditions, if	ony, which	DUE TO, OR A	CVA S A CONSEQUE S E V E R	C C E	REBRAL LORONARY VE HEAR	ARTER	Y DISE	4	BANTE INTERVAL ONSET AND DEATH
Then ple r to burn injury, o		SIGNIFICANT	onditions <u>con</u>	PNEU		NOT RELATED TO THE TE	RMINAL DISEASE O	R CONDITION GIV	EN IN PART 110	01
hos bee it permit iene prio	190 DATE OF O	PERATION	196 CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPS		, WERE FINDIN YING CAUSES S	
certificate certificate uriol-trans Aental Hyg	OR CONTRIBUTION	AS UNDERLYING COMES  G CAUSE OF DEAT  Y MEDICAL EXAMINER)	P.M.	MONTH DA	Y YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM 18 P.	ART I OR PART 2)	
intal or attendi	220.1 certify th	ot (I) (this hospite	21e. PLACE OF (AT HOME, STREET ol) oftended the co	FACTORY, OFFICE, FA		21f LOCATION STREET 19	2 to	ty OR TOWN	county	that (I) (e) last
by the hosp VERAL DIRECTOR de detoched for State Dept.	226. SIGNATUR	E C C C C C C C C C C C C C C C C C C C	ouvali	herdeoth.		ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN []	22c. DATE	SIGNED S 82
retained by to TO FUNERAL should be delived with the State IMPORTANT:	230. BURIAL, CREMAT		1236. DATE		D.	N. CHARLI	ES GEN. HO		LTO, MD	
ВР		RIAL	AUG. 26,	,1982 S	HAARE	I ZION	ROSEI	PALE	BALTO.	MD <sup>yE</sup>
WH 16 50M 1/B1 (VRA 15, 4)	NAME	STERSTO	LEVINSON WN RD.	BALTO.,	•	01015	FP 1 198	(/ 0	ARS SUNA	shield



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DR.  3. SEX	Philip  Male  THPLACE (STATE OR FOREIGN 76 CIT)  W Jersey  Tersey	White MORE	E OF BIRTH	20 DATE OF DEATH MONTH  8/13/6 6 AGE (IN YEARS LAST BIRTHDAY)  73  YRS	DAY YEAR 26 HOUR 3 4 A
70. BIRT	Male ARAC MITTHEFACE (STATE OR FOREIGN 76 CIT) W. Jersey	Uhite MOS	NTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 73 YRS	
Ne 10 CITY	W Jersey	MARR	\ /		
-		WIDO		Balto Cete	Y OF DEATH
- diam	alto 1	AME OF HOSPITAL, NURSING HOME  OF IN SUCH FACILITY, GIVE STREET ADDRESS)  HOSPITA	L	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	DENTAL
3a. ST.	40	NSTITUTION GIVE RESIDENCE BEFORE ADMISSION BALLO	YES NO [	130 STREET ADDRESS ATT.	1604 #2120 Lvert St
1	HER'S NAME MEYER MIDDLE	Gorenberg	15 MOTHER'S MAIDEN NAM Bella	MIDDLE	essler.
	AS DECEASED EVER IN U.S. ARMED FO S. M. HANNOWN) (IFYES, GIVE WAR DI XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	R DATES) 212-A2: 500		HELEN GÖRENBE	#21202 per. 160
1	8 CAUSE OF DEATH (Enter only one of PART I, DEATH WAS CAUSED BY:		cardianyopathy		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	UE TO, OR AS A CONSEQUENCE OF  (b) MADERIAL  UE TO, OR AS A CONSEQUENCE OF	0	ns.	several years
TION	PART 2 OTHER SIGNIFICANT CONDITION  Discharts Mellit  90 DATE OF OPERATION  191		nal Failure	200 AUTOPSY? 206. IF YE	VEN IN PART 110  S, WERE FINDINGS USED FYING CAUSES OF DEATH?  S \( \begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
ICAL	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19	R	D (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)
_ A	WHILE NOT WHILE AT WORK	e PLACE OF INJURY I HOME STREET FACTORY, OFFICE, FARM, ETC.)	2)f LOCATION STREET	CITY OR TOWN	COUNTY STATE
7	220.1 certify that (I) (the haspital) attraction is saw the deceosed alive on abave (I) we) (did) (did not) view	ended the deceased from 1980, the body after death	and that in (ny) (our) opinion d	eath accurred on the date and hou	19_32_, that (I we low for and from the causes stated
	abave (11) we) (did) (did not) view				
н	Brigin R. Hor		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 8-13-82
2	226. SIGNATURE	ston, ma	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN IS  St. Paul Place	8-13-82

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and or should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

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230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

Buria]

/SPECIEYI

23b. DATE

7922 Wise Avenue, Dundalk, MD

8/14/82

this certificate

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE R. DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2h HOUR Goslin Bruce (TYPE OR PRINT) ruce 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR MONT DAYS 28 White 54 Male YRS BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Baltimore City Maryland WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore City Hospitals Mech. Foreman Beth. Steel Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTH R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO X Maryland Baltimore Dundalk 8238 Northview Road 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Willis Goslin Eva Μ. Scoggins WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS8238 Northview Road 16h SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Yes WW IT 228-20-9330 Balto. MD Catherine A. Goslin 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE traum Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ò PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ sho 1 NO YES [ 21n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY morked NOT WHILE WHILE AT WORK 220.1 certify that (1)(this hospital) attended the deceased from and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ORTANT 22d. PHYSICIAN'S 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Oak Lawn Cemetery

21222

DHMH - 16 50M 1/B1 (VRA 15, 4)

FUNERAL

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR			CEKITI	ICATE OF DEATH		REG. NO.		1 2
		CEASED NAME FIRST MI	ARY	MIDDLE	dia	GOSS	20. DATE OF	DEATH MONTH	582	2b. HOUR 650 Am
	1.5EX	TEMPLE	RACE	)	5 DATE O		6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	
1		RTHPLACE ISSUE OR FOREIGN 7 COLONIAS  TTHUANTA	U. S	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DED XX DIVORCED	13	ALTO C	the	MD.
2	Po	oxalto Cety	(IF NOT IN SUC	NAY	TUS	OR OTHER INSTITUTION		SENTE	TA	HOME
7	13e. S	MARYLAND		13c. CITY OR TO	WN	13d Inside City Limits? YES XX NO		DDRESS W.BELVED	APT. 808 ERE AVE.	
2		BENJAMIN		BLOCK		15. MOTHER'S MAIDEN NA		MIDDLE	Mi	AST CER
			MED FORCES? WAR OR DATES!	220 - 2		3402 PINKNE		EN™SAŁZM BALTO.	, MD	21215
	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, O  (b)  DUE TO, O  (c)  DINDITIONS CO		UENCE OF  UENCE OF					
	CERTIFICATION	19a DATE OF OPERATION		2.50	H OPERATIO	N WAS PERFORMED	YES [	NO IN CE	YES, WERE FIND RTIFYING CAUSE YES [	S OF DEATH?
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	Ρ.	M, MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEM	18 PART I OR PART 2)	
	MED	WHILE NOT WHILE AT WORK		REET FACTORY, OFFICE	15	21f. LOCATION STREET	,	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this hospito saw the deceased alive on above (1) (we) (did (did nat	8-5	19	8 1,01	nd that in (my) (aur) opinion	death occurred	I an the date and	hour and fram the	e causes stoted
		22b. SIGNATURE	ro or			DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN	8/2	5/82
		22d PHYSICIAN SMAME TYPEOR		New		3423 ARE	Hoing 1	De,	led no	043.
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	AUG. 6	,1982 HI	NAME OF C	ORTHODOX MEM.	SOC.	BALTO.	COUNTY	RYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR STATE

21215

74 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

MARYLAND 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

58

BALTO ~

BALTO.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter feroined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages [Ond 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other troumotic event, the

MPORTANT: If them 21 is morked or Item 18 show any

24 FUNERAL DIRECTOR

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

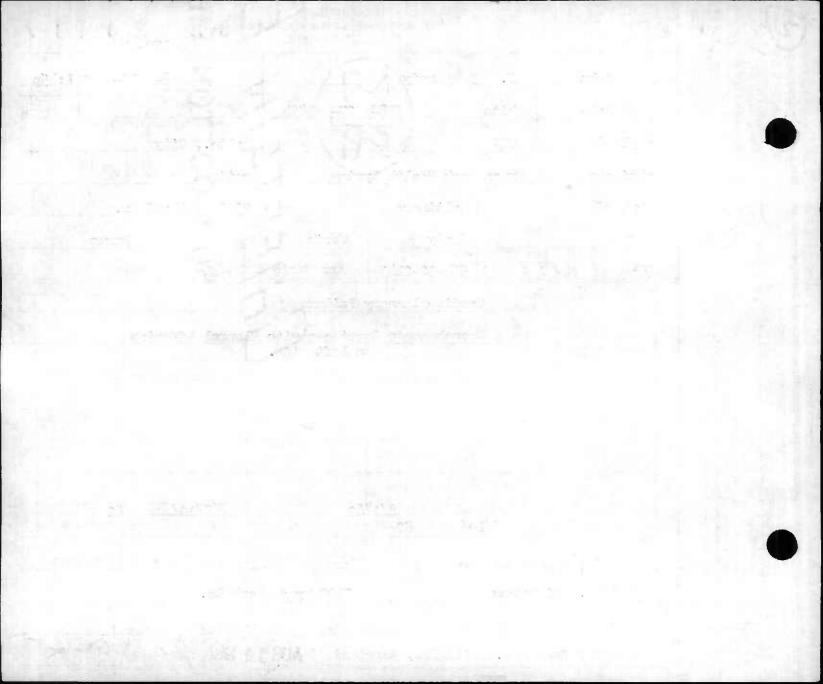
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0	· Ca	6		Cut	- 1	1
		170-976		*		1
	REG NO.	1/0-9/6	)			

REGISTRAR		42.	THE OF PERSON	REG.	NO.1/0-9	16
DECEASED NAME FIRST	,	MIDDLE	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR 2b. HOUR
John	D.	Grady			8- 10	0- 82 1:15p
SEX	4 RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST		UNDER I YEAR IF UNDER 24 HRS
Male	White		8- 27- 1891			DATS HOURS MIN
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	F DEATH
Maryland	USA		OWED DIVORCED	- 73 7 4	City	M
CITY OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION		ATION	126 KIND OF BUSINESS O
Baltimore		Park Health		retired	U. S. N.	avy
UAL RESIDENCE (IF NURSING HOME I. STATE 136 CO	OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISS				
Maryland	3.477	Baltimore	YES NO	0000 =		r.
FATHER'S NAME	WIDD!{	LAST	15. MOTHER'S MAIDE	ALIDDI S		LAST
John		Grady	VIIII	Annie	_	Burns
WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURITY N	O. 17 INFORMANT	ADI	DRESS	
	1 & WW11	554-32-214	3 Mrs Mar.	ie A Grady	Sai	me
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN	(b) E  DUE TO, OI	r as a consequence (	Carcinoma wi	le.		N IN PART 1:0
19a DATE OF OPERATION	19b CONDI	TION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH?
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (16 EITHER NOTHY MEDICAL EXAMINATION OF COURRED)	VER) P.	m, month day y m,	EAR 19	CCURRED (ENTER NATURE OF II		
WMILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETG	21f LOCATION STREET	CITY OF	RIOWN	COUNTY STATE
220 I certify that (I) (this has	- 4	0 0000000000000000000000000000000000000	/3/82 19_		0/ 19	82 , that (I) (we) lo
sow the deceased alive obove, (1) (we) (did) (did		offer death 19 82	, and that in (my) (our) op	inion death occurred on the	dote and hour o	and from the couses stated
Big B.	sineta	Was .	M.D. ATTENDA	NG MEDICAL S AN DIRECTOR PHY	TAFF SICIAN 🔀	8/10/82
22d. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS			
Brij B. Sri	vastava		3100 Wym	an Park Dr.		
BURIAL, CREMATION, REMOVA	AL 23b. DATE	23t NAME	OF CEMETERY OR CREMAT	ORY 23d LOCATION		
(SPECIFY) Burial	8/14/	82 New	Cathedral	CITY OR TOWN	ore Mar	COUNTY STATE

DHMH-16 50M 1/81 (VRA 15, 4)

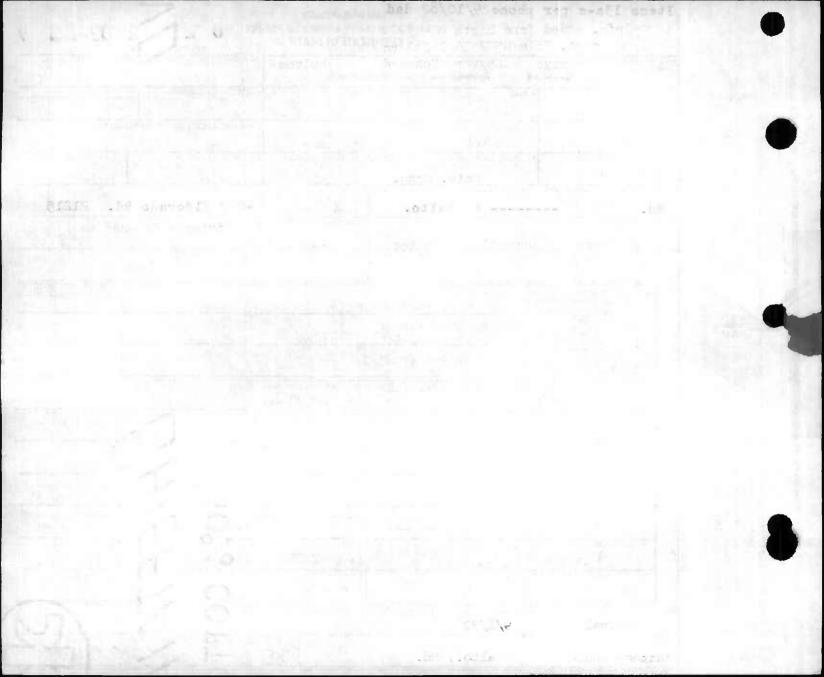
Leonard J Ruck Inc. Baltimore, Maryland

250 DATE REC'D. BY REGISTRAP 70. REGISTRAP'S SYNATURE



3. S 70. 1	Male BIRTHPLACE (STATE O COUNTRY)  N.C. CITY OR TOWN OF DI BALT IMOR SUAL RESIDENCE (IF NU ID. STATE MD FATHER'S NAME FIRST JOHN WAS DECEASED EVE (YES, NO OR UNKNOWN) NO  18 CAUSE OF DEA PART I. DEATH  Countries, if on gove rise to in couse (o), stoll	REATH 11 RE RSING HOME OF COUNT  M R IN U.S. ARM (IF YES, GIVE  IMMEDIATE  MEDIATE  MY WAS CAUSED  MMEDIATE  MY WHICH	A. RACE  G. CITIZEN OF  II. NAME OF  (IF NOT IN SUL  THE J  THE J  AND FORCES?  WAR OR DATES)  y one cause per  8Y:  CAUSE (0)	WHAT COUNTRY?  USA  HOSPITAL, NURSINA CHEACHITY, GIVE STREET A  OHNS HOP  GIVE RESIDENCE BEFORE.  13c. CITY OR TOWN  Baltime  LAST  Graham  16b. SOCIAL SECUR	MARRIED WIDOWED G HOME OR KINS NOTE	DAY  NEVER MARE DIVORE OTHER INSTITUT  HOSPIT  3d. INSIDE CITY L  YES NO 15. MOTHER'S MA EIRST EMIT  17. INFORMANT	YEAR 6.7	AUGUST 8 AGE (IN YEARS LAST BIRTHD) 76 BALTIMORE I USUAL OCCUPATION YPE OF WORK FOR MOST OF WI	YRS. MONING DAY COUNTY OF DEATH CITY NORKING LIFE) 12b. KIND VORKING LIFE) 1NDUSTR  Lafayett  Thom	MD. OF BUSINESS OR Y  ASI
To a long the medical state of the second of	Male  BIRTHPLACE (STATE O COUNTRY)  N.C.  CITY OR TOWN OF DI BALT IMOR  SUAL RESIDENCE (IF NU ID. STATE  MD  FATHER'S NAME FIRST  JOHN  WAS DECEASED EVE (YES, NO OR UNKNOWN)  NO  18 CAUSE OF DEA PART I. DEATH  Conditions, if on gove rise to in couse (o), stoll	REATH 11 RE RSING HOME OF COUNT  M R IN U.S. ARM (IF YES, GIVE  IMMEDIATE  MEDIATE  MY WAS CAUSED  MMEDIATE  MY WHICH	THE J  DIMER INSTITUTION  AND FORCES? WAR OR DATES)  TO THE STATE OF T	WHAT COUNTRY?  USA HOSPITAL, NURSING CH FACILITY, GIVE STREET A OHNS HOP OHNS HOP 132. CITY OR TOWN Baltime  Craham 16b. SOCIAL SECUR 717-07- or line for (a), (b), and	MARRIED WIDOWED G HOME OR KINS ADMISSION) OTE	DAY  NEVER MARE DIVORE OTHER INSTITUT  HOSPIT  3d. INSIDE CITY L  YES NO 15. MOTHER'S MA EIRST EMIT  17. INFORMANT	YEAR O O O O O O O O O O O O O O O O O O O	76 BALTIMORE DI USUAL OCCUPATION RPE OF WORK FOR MOST OF WI	YRS. MONING DAY COUNTY OF DEATH CITY NORKING LIFE) 12b. KIND VORKING LIFE) 1NDUSTR  Lafayett  Thom	MD. OF BUSINESS OR Y  ASISON  AD. OF BUSINESS OR Y
In the modific event, the modific and the modific event of the modific e	BIRTHPLACE (STATE O COUNTRY)  N.C. CITY OR TOWN OF DI  BALTIMOP  BALTIMOP  SUAL RESIDENCE (IF NU  0. STATE  MD  FATHER'S NAME FIRST  John  WAS DECEASED EVE (YES, NO OR UNKNOWN)  NO  18. CAUSE OF DEA PART I. DEATH  Couse foil stolen gove rise to in couse (oil, stolen)	R IN U.S. ARM  (IF YES, GIVE  IMMEDIATE  W. Which	THE JOHER INSTITUTION  AND THE JOHER INSTITUTION	WHAT COUNTRY?  USA HOSPITAL, NURSING CH FACILITY, GIVE STREET A OHNS HOP OHNS HOP 132. CITY OR TOWN Baltime  Craham 16b. SOCIAL SECUR 717-07- or line for (a), (b), and	MARRIED WIDOWED G HOME OR KINS NOTE	NEVER MARR DIVORO OTHER INSTITUT HOSPIT  134. INSIDE CITY L YES X NO 15. MOTHER'S MA FIRST EMIT  17. INFORMANT	RIED   9. I CED   12c PION 12c PAL (T) CIDEN NAME	BALTIMORE CITY OR CO BALTIMORE  I USUAL OCCUPATION  VIPE OF WORK FOR MOST OF WI  STREET ADDRESS  MIDDLE  ADDRESS	COUNTY OF DEATH E CITY NORKING LEE 12b. KIND Lafayett Thom Lafayett	e Avenue pson
In the modific event, the modifical property of the modifical property	N.C. CITY OR TOWN OF DI BALTIMOR SUAL RESIDENCE (IF NU 0. STATE  MD FATHER'S NAME FIRST JOhn  WAS DECEASED EVE (YES, NO OR UNKNOWN) NO  18. CAUSE OF DEA PART I. DEATH  Conditions, if on gove rise to in couse (o), stoll	R IN U.S. ARM  (IF YES, GIVE  IMMEDIATE  W. Which	III. NAME OF  (IF NOT IN SUC  THE J  DIMER INSTITUTION  ADD FORCES?  WAR OR DATES)  y one couse per  8Y:  CAUSE (o)	HOSPITAL, NURSING CHEACHITY, GIVE STREET A OHNS HOP OHNS HOP OF THE STREET A OHNS HOP OHNS HOP OF THE STREET A OHN BALLIMA Graham	WIDOWED G HOME OR COMESSION NOTE	DIVORO OTHER INSTITUT HOSPIT  3d. INSIDE CITY L YES NO 15. MOTHER'S MA FIRST EMIT  17. INFORMANT	CED   120	BALTIMORE I USUAL OCCUPATION TYPE OF WORK FOR MOST OF WI  SIREET ADDRESS MIDDLE ADDRESS	CITY NORKING LEE 126 KIND Lafayett Thom	e Avenue pson
14. F	BALTIMOR SUAL RESIDENCE (IF NU ID. STATE  MD  FATHER'S NAME FIRST  JOHN  WAS DECEASED EVE (YES, NO OR UNKNOWN)  NO  IS CAUSE OF DEA PART I. DEATH  Conditions, if on gove rise to in couse (o), stoll	R IN U.S. ARM  (IF YES, GIVE  ITM (Enter only WAS CAUSED  IMMEDIATE)  y, which	III. NAME OF (IF NOT IN SULTED IN SU	HOSPITAL, NURSING CHEACHITY, GRESTREET A OHNS HOP OHNS HOP BALTIME BALTIME Graham  16b. SOCIAL SECUR 717-07-  or line for (a), (b), and	GHOME OR	HOSPIT  3d. INSIDE CITY L  YES X NO  15. MOTHER'S MA  FIRST  EMI  17. INFORMANT	PAL 12e (T) PAL 13e (T) PAL 13e (T) PAL 13e	USUAL OCCUPATION  VIPE OF WORK FOR MOST OF WI  STREET ADDRESS  MIDDLE  ADDRESS	Lafayett Lafayett Lafayett	e Avenue pson
14. F	MD  FATHER'S NAME FIRST  JOHN  WAS DECEASED EVE (YES, NOOR UNKNOWN)  NO  18 CAUSE OF DEA PART I. DEATH'  Conditions, if on gove rise to in couse (o), stoll	R IN U.S. ARM (IF YES, GIVE  ITH (Enter only WAS CAUSED  IMMEDIATE )  y, which	MED FORCES? WAR OR DATES)  y one couse per 8Y: CAUSE (o)	Baltime Graham 16b. SOCIAL SECUR 717-07- In line for (a), (b), and	ore RITY NO. 6739	YES X NO  15. MOTHER'S MA  FIRST  EMI  17. INFORMANT	ma	MIDDLE ADDRESS	Thom Lafayett	pson e Ave.
16a	JOHN  WAS DECEASED EVE (YES NO OR UNKNOWN)  NO  18. CAUSE OF DEA PART I. DEATH  Conditions, if on gove rise to in couse (o), stoll	R IN U.S. ARM  (IF YES, GIVE  TH (Enter only WAS CAUSED  IMMEDIATE  y, which	MED FORCES? WAR OR DATES)  y one couse per 0 BY: E CAUSE (0)	717-07- ir line for (a), (b), and	6739	Emi 17. INFORMANT	ma	ADDRESS	Lafayett	e Ave.
	18 CAUSE OF DEA PART I. DEATH'  Conditions, if on gove rise to in couse (o), stol	(IF YES, GIVE ITH (Enter only WAS CAUSED IMMEDIATE y, which	y one couse per 8 BY: CAUSE (o)	717-07-	6739		raham		Lafayett	
or other traumatic event. In	Conditions, if on gove rise to in couse (a), stol	MAS CAUSEÓ IMMEDIATE  y, which	8Y: CAUSE (o)	card	lian	an	hyth	mi	APPRC BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
Hygiene prior to burit 8 shows ony injury, o	PART 2 OTHER SIG	GNIFICANT CO	(c)_	ple y	EATH BUT N	elon	D	L DISEASE OR CONDITI	ION GIVEN IN PART  10 IF YES, WERE FIND  N CERTIFYING CAUSE  YES	DINGS USED
d or Item 18 show		CAUSE OF DEATH	P.	.m. month da'	Y YEAR 19		Y OCCURRED	(ENTER NATURE OF INJURY IN	NITEM TE PART T OR PART 2)	
MED	21d. INJURY OCCU	RRED		OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
em 21 is mo	220.1 certify that ( sow the deced above (I) we) 22b. SIGNATURE	l) (this hospito				that in (my) (our)	9 82 ) opinion deat	h occurred on the date	ond hour and from th	n, that (I) (we) lost se couses stated
with the Stote De	22d. PHYSICIAN'S N	JAME (TYPE OR	PRINT)	ml		ATTEN PHYS 22e ADDRESS	SICIAN D	MEDICAL STAFF IRECTOR PHYSICIAN	VC	-8-85
MPOR With the		. Ki	Her	Dusch		60	, ,	. Broad	Way	
230	BURIAL, CREMATION (SPECIFY Buria:	I, REMOVAL L	236. DATE 8/13/			ore Cem		23d LOCATION CITY OF TOWN Baltimo	ore	MD STATE

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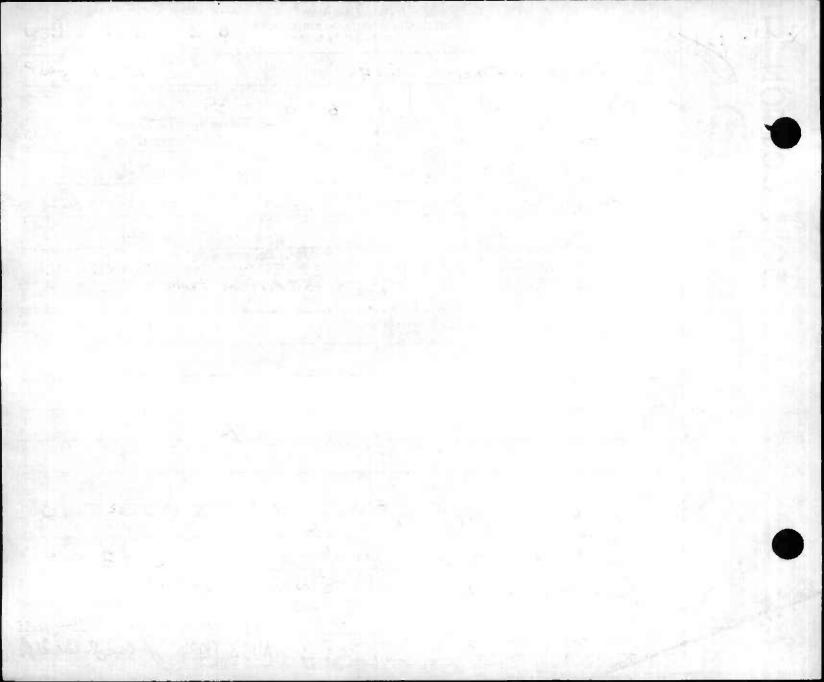
DHMH - 16 50M 1/81 (VRA 15, 4)

FOR STATE

	STA	TE O	F M	ARYL	AND		
MENT	LUE	HEA	ITU	AND	MENT	AI	HYCIE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

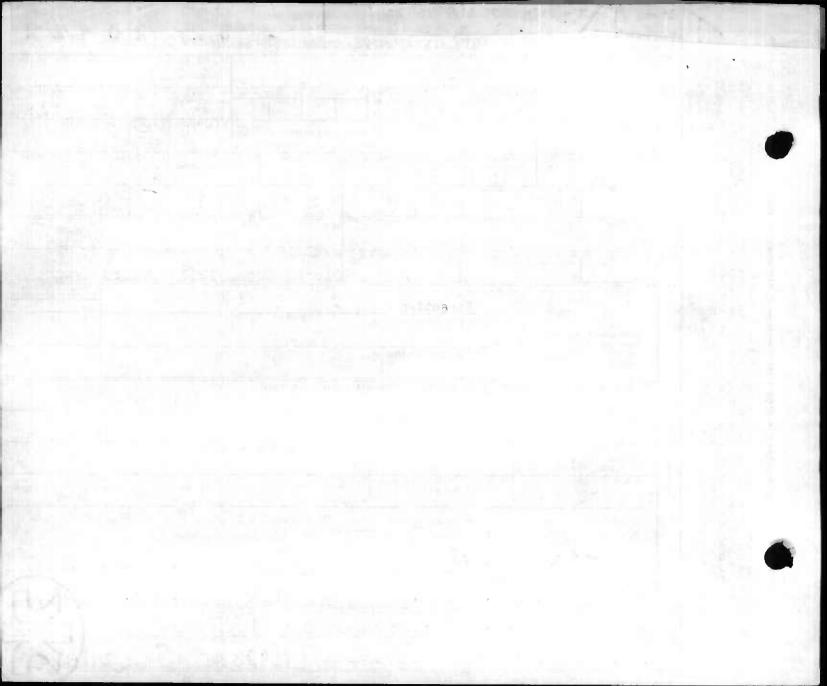
REGISTRAR		CERTI	FICATE OF DEATH	, REG.	NO	17 17 17
1. DECEASED NAME FIRST		0	LAST	2e. DATE OF DEATH		YEAR 26 HOUR
RICH	ARD Elmer	G-18	HY		8 150	52 540 P
1. SEX	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST E	BIRTHDAY) IF UNDER	
101	W	13	16 42	39	YRS.	DAYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)			ED NEVER MARRIED		OR COUNTY OF DEA	ATH
Maryland	U.S.A.	WIDOW	ED DIVORCED	Balti	more City	MD.
Baltimore		estreet address)		120 USUAL OCCUPA (TYPE OF WORK FOR MOST Store Kee	TION 12b. K TOF WORKING LIFE) INDU Per-State	of Md.
Maryland B	ME OF THER INSTITUTION GIVE RESIDENCE TO THE STATE OF THE		13d. INSIDE CITY LIMITS? YES NO 2322	13e STREET ADDRESS	101 1/2 0	old Court Ro
4 FATHER'S NAME FIRST Rober	rt Gray	AST		ora Ann MIDDLE	Waskey	LAST
(YES NO ORUNKNOWN) (IF YES	S GIVE WAR OR DATES)	L SECURITY NO. -40-0100	17 INFORMANT Mr. 101 1/2 07	Robert Gray d Court Roa		21208 :lle, Md.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON	ISEOUENCE OF		MINAL DISEASE OR COI	NDITION GIVEN IN P)	ART Iro
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE F	FINDINGS USED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF CIPE EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	19 OFFICE, FARM, ETC.) from	21t. HOW INJURY OCCUR 21f LOCATION STREET  19 and that in (my) (4m) opinion DEGREE ATTENDING PHYSICIAN	totodeath occurred on the comments.	OWN COUNTY	that (I) @ last
226. PHYSICIAN'S NAME (IN	o Levin	,	270 ADDRESS NO	DIRECTOR PHYSI	tal	<u> </u>
230 BURIAL, CREMATION, REMOVISPECTBURIAL	8-18-82	Krider	emetery or crematory cs Cemetery	236 LOCATION CITY OF TOWN Westmins	ter Carroll	Mary land
24 FUNERAL DIRECTOR Lori 8728 Liberty Ro	ng Byers Funera ad Randallston	gk Direct	tors, Inc. 250. DAI	AUG 2 0 198	25b. RECIS/RAP'S SIG	I Cowelf



STATE OF MARYLAND

Service and the service of the servi ACTION OF THE PROPERTY OF THE Secret Green S. M. P. Head Street Colon Res MALA Contest N COL. H. Desgris Million He.

20M 4/82



1 55 The filtered Account The San Date State Color for the first filled of 1 5 83 Michael May 16 ... La the Catharder 100 Marchette All the all the Store

1			STAT	E OF MARYLAND				
L	FOR STATE	DEPAR	RTMENT OF I	SEALTH AND MENTAL HYG		2	0 4	2 3
-1.	REGISTRAR		CERTIF	ICATE OF DEATH	O & REG. N	0	0 4	-
	DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(1)	YPE OR PRINT) HOWAK	20	6	REEN	08-26	- 82	,	10:414
3. 5	SEX	4 RACE	5 DATE (		6 AGE LIN YEARS LAST BIR	RTHDAY] IF U	NDER 1 YEAR	IF UNDER 24 HRS
L	MALE	BLACK	MONTH /C	H DAY YEAR	64	YRS	THS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY	_	DEATH	
5	Vir ginia	USA	WIDOW	DIVORCED	BALTIN	10RE	CITY	MD.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR!	SING HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND OF	F BUSINESS OR
1	BACTIMORE	BON SECOU		OSPITAL	Constru		NUUSIRI	
A US	UAL RESIDENCE (IF NURSING HOME OF			A LOU IN ISIDE CITY I LIVITED	In exercise approx			
)	MARMAND		YORE	13d. INSIDE CITY LIMITS? YES ☑ NO □	25 N. 60	TRMAN	IAVE	. 21223
_ 14.	FATHER'S NAME		10.0	15 MOTHER'S MAIDEN NA	ME	717110	7107	
	FIRST	MIDDLE		FIRST	WIDDIE		LAST	ı
160	Willie WAS DECEASED EVER IN U.S. AR	G reen RMED FORCES? 166 SOCIAL SE		L ula	ADDRI	FSS	Dear	1
		VE WAR OR DATES) 225-02	3-0725					
		4-10		Ettaree Gr	een 25 Go	rman A		
1	18 CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUSE	nly one couse per line for (o), (b),		I - A T	,		BETWEEN	MATE INTERVAL
		TE CAUSE (0) Haute	Myor	adial my	accept		ne	ours_
	4100	DUE TO, OR AS A CONSEC	DUENCE OF	(			111	ea
	Conditions, if ony, which	( b) H-A	t SCU	DECH	-		17	
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	- 4				
1	underlying couse lost	(6)	JOENCE OF	NA				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 100	
N N			Non					
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	ERE FINDIN	GS USED
/   ≚					VEC D NOD	IN CERTIFYING		
1 2	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21c HOW INJURY OCCURE	YES NO	YES _	ad .	NO 🗌
			DAY YEAR	The state of the s	(ENTER NATURE OF INJU	RY IN HEM 18 PART I	ORPARI 2]	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19					
1 8	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	AT WORK NOT WHILE							
	220.1 certify that of (this hospi	ital) attended the deceased from		19.69		- 26, 195	87.1	hot (we) lost
1	sow the deceased alive on above, (we) (did)	5-13 19 view the body after death.	82 or	nd that in (my) ( opinion of	deoth occurred on the d	te and hour one	d from the c	ouses stated
	226. SIGNATURE	AN		DEGREE	8 - 1		22c. DATES	
	Million	S Eeu	mo	ATTENDING PHYSICIAN	MEDICAL STAI		8-2	6-82
7	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		The ADDRESS 2001	416 3	~		
	WILLIAM	R. LAW	unD	PA	1071 1011	-	2/2	7.3
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23		EMETERY OR CREMATORY	23d LOCATION	40 0	2123	, )
230	(SPECIFY)				CITY OR TOWN	-	YTAUC	NSTATE Nd.
24	Burial FUNERAL DIRECTOR	9 -1 - 82	rown	sville VAC				
1	414 ME	ADDRESS	1 D		E REC'D. BY REGISTRAR	CHISTRAR	SSIGNATU	IRE
I	r own/Thom	pson FH 1913	V. Ba	Ito. St.   OC	L 1 1905	your.	× las	welk

Brown/Thompson FH 1913W. Balto. St.

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use os the buriol-tronsit permit with the Stote Dept. of Health and Mentol Hygiene pric

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR:



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	PE OR PRINT)  TAMES	William	GREEN, Sr.	AUGUST 17,	1982	2b. HOUR 4:45p
1 SE	EX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Male	White	Dec. 20, 1914	67 <sub>YR</sub>		
	BIRTHPLACE (STATE OR FOREIGN Maryland	U.S.A.	MARRIED X NEVER MARRIED UNIDOWED DIVORCED	BALTIMORE C		M
B.	ALTIMORE	JOHNS HOPKIN		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  CONSTRUCTION	GUEEN INDUSTRY	f BUSINESS OF hi Inc
13a M	Maryland A.		PK . 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 619 Park Ro	oad	
1. 6	Lawrence	E. Green	15 MOTHER'S MAIDEN NO. Elizabe	th	Ker	r
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (1F YES, GI	of his Con o vec	RITYNO. 17 INFORMANT (WI 0773 Mrs. Edit			
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), one ED BY. TE CAUSE (o). Massiv	1		100	MATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER/	20a AUTOPŠY? 20b. IF	GIVEN IN PART 110 YES, WERE FINDIN RTIFYING CAUSES	IGS USED
E E				YES NO	YES 🗌	NO [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		ital) attended the deceased from		to Hill the dote and I	hour and from the	that (1) (we) los couses stated
	27b. SIGNATURE VINCES	wik. H. Tan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	HI PATE	SIGNED 17,1
	22d. PHYSICIAN'S NAME (TYPE OF THE CLENT	+ K. H. Tam	22e ADDRESS Johns	Hopkins tu	ospital	
23a	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	21, 1982 G1	Name of cemetery or crematory on Haven Mem. P	23d LOCATION CITY OR TOWN CITY OR TOWN CITY OR TOWN Burn	nie, A.A	A., MD
24 F	Singleton	Funeral Home	Glen Burnie, 250.DA Maryland	TE REC'D. BY REGISTRAR 256. REC		Coming

Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottend

etoined by the hospital or attending physician.

THE STREET OF STREET, ing lines some of the land and the second of the second of the in the second of the second of

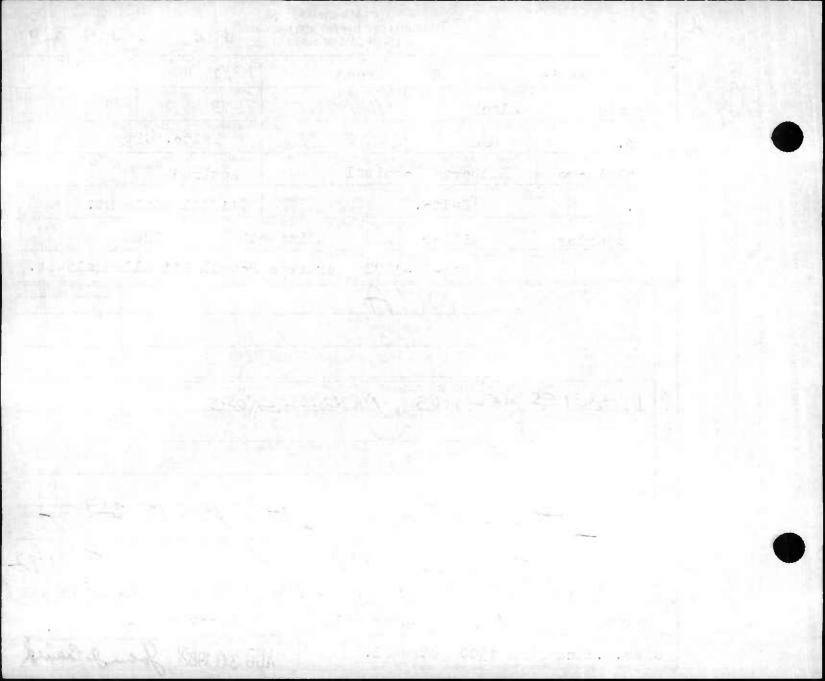
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page-4-may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the furnities should be detached for use as the burial-transit permit. Then please remove carbon-papers, Pages 1 and 2 should be filed with a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DECE	ASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 26 HOL
(TYPE OR		R	Green	8/18/82	20 1100
SEX	emale	4 RACE Black	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDE
BIRTH	HPLACE (STATE OR FOREIGN NIEY)	76. CITIZEN OF WHAT COUNTRY	27	9 BALTIMORE CITY OR COUNTY	TY OF DEATH
	ortown of DEATH Baltimore	Lutheran H		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSIN INDUSTRY
I3a. STA	d.	NTY BALLO	VN 13d INSIDE CITY LIMITS	All Allenda	le St.
	Charles	Miller	15 MOTHER'S MAIDEN ETiza	beth MIDDLE Od	len LAST
	DECEASED EVER IN U.S. AR NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 214-20	-1872 Gertrud	le Powell 911 A	llendale S
9 c	conditions, if ony, which gove rise to immediate ouse (a), stating the inderlying cause last.  ART 2. OTHER SIGNIFICANT CONTRACTOR OF OPERATION	S MELLITUS	DEATH BUT NOT RELATED TO THE T	ZEROSIS 200 AUTOPSY? 206. IF Y IN CER	YES, WERE FINDINGS USE TIFYING CAUSES OF DEA'
EDICAL CERTIFICATION	pove rise to immediate ouse (a), stating the underlying cause lost.  ART 2. OTHER SIGNIFICANT CONTROL OF OPERATION  a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA CONTRIBUTING CAUSE OF DEA CIPTURE NOTIFY MEDICAL EXAMINER OF THE CONTRIBUTING COURRED	CONDITIONS CONTRIBUTING TO  MELLITUS  198. CONDITION FOR WHICH  218. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TILL HOPERATION WAS PERFORMED  21c HOW INJURY OCC 21f LOCATION	ZEROSIS  200 AUTOPSY?  200. IF Y IN CER	YES, WERE FINDINGS USE TIFYING CAUSES OF DEA' YES \( \) NO \( \)
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO SEE THE CASE OF T	DOVE TISE TO immediate OUSE (0.1), stating the ouse (0.1), stating the ouse (0.1), stating the ouse (0.1), stating the ouse of ouse of ouse of out of the output of the output of the output output of output	(c)	DEATH BUT NOT RELATED TO THE TI  ARTORIOS  H OPERATION WAS PERFORMED  DAY YEAR  19  21f. HOW INJURY OCC  STREET  19  21f. LOCATION  STREET  19  DEGREE  DEGREE	200 AUTOPSY? 200 IF Y IN CER YES NO CURRED (ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDINGS USE TIFYING CAUSES OF DEA YES NO [ 8 PART   OR PART 2)  COUNTY
MEDICAL CERTIFICATION  30 BRILL  31 BRILL  32 BRILL  33 BRILL  34 BRILL  35 BRILL  36 BRILL  37 BRILL  37 BRILL  38 BRILL  39 BRILL  30 BRILL  30 BRILL  30 BRILL  30 BRILL  31 BRILL  31 BRILL  32 BRILL  33 BRILL  34 BRILL  35 BRILL  36 BRILL  37 BRILL  37 BRILL  38 BRILL  39 BRILL  30	DOVE TISE TO immediate ouse (a), stating the noderlying cause last.  ART 2. OTHER SIGNIFICANT OF THE OF OPERATION  DATE OF OPERATION  D. ACCIDENT WAS UNDERLYING CAUSE OF DEA CIPETITIES NOTIFY MEDICAL EXAMINER OF THE NOTIFY THE NOTIFY MEDICAL EXAMINER OF THE NOTIFY HERE	19b. CONDITION FOR WHICH 19c. PLACE OF INJURY 10at HOME, STREET, FACTORY, OFFICE. 19c. PLACE OF INJURY 10at HOME, STREET, FACTORY, OFFICE. 19c. PRINTING 1	DEATH BUT NOT RELATED TO THE TI  REPORT OF COMMENT OF C	200 AUTOPSY? 200 IN CER 200 AUTOPSY? 200 IN CER 200 AUTOPSY? 200 IF Y IN CER 200 POINT OF TOWN  CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  MEDICAL DIRECTOR PHYSICIAN  RK HAS ARE	YES, WERE FINDINGS USE TIFYING CAUSES OF DEA YES NO [ 8 PART   OR PART 2]  COUNTY  TOUR ON TO THE COUSES SHOW IN THE COUSE SHOW

STATE OF MARYLAND



	1	FOR STATE REGISTRAR		DEPARTMEN			ENTAL HYG	IENE 8 2	2	0 4	2 7
		CEASED NAME FIRS		G	REEN B	BERG		20 DATE OF DEATH AUG	MONTH	1982	3 26 AM
1	1 SEX	MALE	4 RACE WHII	F	DATE OF BI	DAY 15	YEAR 1920	26267626363636	62 Ps	MONTHS DAY	5 HOURS MIN
5	P	RTHPLACE (STATE OR FOREIGN DUNTRY) ENNSYLVANIA TY OR TOWN OF DEATH	USA		MARRIED VIDOWED	] DIV	ORCED [	9 BALTIMORE CITY C BALTIM 120 USUAL OCCUPAT	ORE	CITY	MD. OF BUSINESS OR
2	BA	ALTIMORE MO	(IF NOT IN SUCI	AL HOSPITA	RESS)	THE WAST		(TYPE OF WORK FOR MOST OF SALESMA)	E WORKING	RET	S.Y.
5	130. S	D.		BALTIMORE	13d YE	1.00	NO 🗌		RINT	HRB	#21215
0		THER'S NAME BENJAMIN		REENBERG		LÏ	MAIDEN NAA LLIAN	MIDDLE		UNK	VOW A
1		VAS DECEMBED EVER IN U PES, NO OF UNIONN) (4F Y CONTRACTOR W	S. ARMED FORCES? es, give war or dates) WII-ARMY	140-12-45		MORAN G	11. /	ADDR 47 TREEN BERG	54LAE	YRINTH MORE M	D 21215
		18 CAUSE OF DEATH (En PART I. DEATH WAS COMMITTED IN ITS	DUE TO, OF	AS A CONSEQUENCE	E OF CA	E M	ottiple	pe Imanang	mets		Oximate interval en onset and death
d	CERTIFICATION	PART 2. OTHER SIGNIFIC GIB 190 DATE OF OPERATION	leeding	INTRIBUTING TO DEA		100		INAL DISEASE OR CON	20b IF YI	S, WERE FINI	DINGS USED
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	A. MONTH DAY	YEAR	c HOW INJI	URY OCCURR	YES NOTE NATURE OF INJU	Y	ES 🗌	NO DEATH?
	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (		211	I. LOCATION STREET	٧	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (1) (this saw the deceased all above (1) with all (1) (22b, SIGNA).	2 750	1 Huy 1/ 19 8		nat in (my) (d		ta 326 AM death accurred on the d	Aug 11 ate and ha		he causes stated

MPORTANT # # DHMH - 16 50M 1/76 (VR A 15 (4))

23b. DATE AUG. 13,1982 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

M. MOLL

23c. NAME OF CEMETERY OR CREMATORY HAR SINAI

ATTENDING PHYSICIAN

OWINGS MILLS

MEDICAL STAFF DIRECTOR PHYSICIAN

MD

RANDALLS TOWN NID 21133

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215

M.D.

3500 CARRIAGE HAL CIRCLE APT 204

ILLS BALTO MU

SUREGISTRARS SIGNATURE

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A STATE OF THE STA THE REAL PROPERTY OF THE PARTY East of the second seco

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca-should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 with the State Dept- of Health and Mental Hygiene prior to burial, cremation, ar remaval.

completely filled in by the funeral di s 1 gold 2 should be filed within 72 hoi

## STATE OF MARYLAND

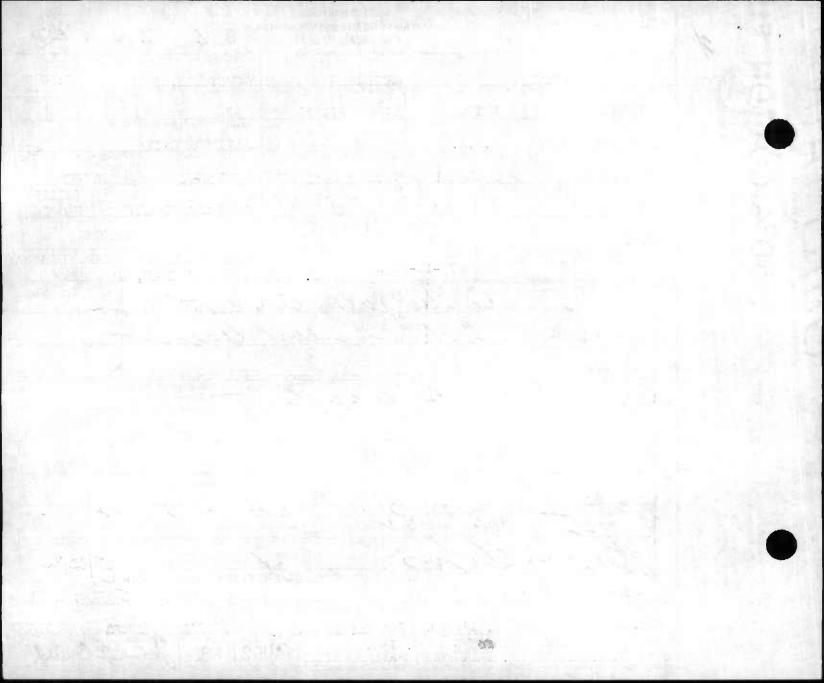
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	REG. NO.		

2	0	64	2	8
MONTH	DAY	YEAR	26 HO	UR

	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 2 REG. NO.	0 4	28
1 DECEASED NAME FIRST (TYPE OR PRINT)		MIDDLE LAST		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
SARAH			GREENBERG		AUGUST 22, 19	82	1:30 PM
3. SEX		4 RACE 5. DATE O			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
	FEMALE			ST 9,1895	87 YRS	, MOINING DATA	HOURS MIN.
7a Bil	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8		9 BALTIMORE CITY OR COUN		
	USTRIA-HUNGARY	U.S.A.	WIDOWE	D NEVER MARRIED	BALTIMORE CITY		
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME C	-40-	12a USUAL OCCUPATION	126 KIND	OF BUSINESS OR
	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE		1 FLOOD (0101F	(TYPE OF WORK FOR MOST OF WORKING		
VOSU/	AL RESIDENCE (IF NURSING HOME OF	3805 CLARKS LA		1 FLUUR (21215	<u>  HOUSEWIFE</u>	I AT	HOME
13a. S	TATE 13b COUN	13c. CITY OR TOV	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		(21215)
	RYLAND	BALTIMO	)RE	YES <b>X(X)</b> NO [	3805 CLARKS L	ANE 2nd	FLOOR
14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WIDDLE	10.00.00	
AB	BRAHAM	SCHOR		RAIZEL		UNKNOW	N
	VAS DECEASED EVER IN U.S. AR			17 INFORMANT	HAROLD GREENBER	G 189	O BROADWA
	(IF YES, GIV	e war or dates) 078-22-	-5222D	APT. 405	SAN FRANCISCO		4109
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	JENCE OF	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION O	GIVEN IN PART 1	No·
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFO		N WAS PERFORMED	200 AUTOPSY? 206. IF Y	YES, WERE FIND! TIFYING CAUSE	INGS USED S OF DEATH?
E						YES 🗌	NO 🗌
	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN ITEM I	B PART   OR PART 2)	
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME, STREET, FACTORY OFFICE.	FARM, ETC )	211. LOCATION	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive an above, it is a little on 17th SIGNATURE	V Boliv		, 19 de that in (my) (our) opinian de DEGREE ATTENDING PHYSICIAN	death accurred an the date and h		, that (1) (ve) last e causes stated E SIGNED
73n B	Lawrence B URIAL, CREMATION, REMOVAL	lob, M.D.	NAME OF C	22e ADDRESS GG 15		Road 215	
	URIAL	AUGUST 24,1982		REI ZION CEM	ROSEDALE	BALTO.	MARYLAN
	NERAL DIRECTOR SOL 10 REISTERSTOWN	LEVIN <b>SO</b> N & BROS N RD. BALTIMORE,	INC	25g DAT	G 2 6 1982	STRAR'S SIGNA	abile .

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in by the turn should be detached for use as the buriol-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be litted with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or ather traumatic event, the medical exact

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR			CEKTIFI	CALLOFI	JEATH	RE	G. NO.		
DECEASED NAME	FIRST	WIDDLE	LAS	ST		2a. DATE OF DEAT	TH MONTH D	DAY YEAR	2b. HOUR
PF	RESTON E	DWARD	GREE	ENE .	Sr.		8/1/8	32	10:28a
. SEX	4 RACE		5 DATE OF	BIRTH		6 AGE (IN YEARS LA		IF UNDER I YEAR	
Male	White		Augus	st 17,	1915	66	YRS.	ONIHS DATS	HOURS MIN.
O. BIRTHPLACE (STATE OF	FOREIGN 76. CITIZEN OF	WHAT COUNTRY?	8	V		9 BALTIMORE CI		OF DEATH	
Viroinia	USA	44.04	MARRIED		WARRIED	Baltimo	ore City		MI
CITY OR TOWN OF DE		HOSPITAL, NURSING		OTHER INS	TITUTION	12a USUAL OCCU	IPATION		OF BUSINESS OF
Baltimore		nes Hospi				Plastere:			ruction
SUAL RESIDENCE OF NUE	RSING HOME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE C	ITV I MAITCO	13e. STREET ADDR	ecc.		
Naryland	Baltimore	Catonsvi	lle	YES []	NO X	2005 N.	Norhurs	t Way	2122
FATHER'S NAME	MIDDLE	LAST		15 MOTHER	S MAIDEN NA				
Walter	MIDDLE	Greene		Т	93 <b>5</b> 10	MIDE	LE	Sett.	les
WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16b. SOCIAL SECUR	RITY NO.	17 INFORMA	INT	Al	DDRESS		
Yes	WW2	214-16-5	847	Mrs.	Miriam	Greene	Same as	s # 13	
18. CAUSE OF DEA	TH (Enter only one couse pe	er line for (a), (b), and	(c).)					APPROX	ONSET AND DEATH
1010	WAS CAUSED BY:  IMMEDIATE CAUSE (0)	Resp	iral	oly	1 ale	rest			
4760		OR AS A CONSEQUEN	NICE OF #	0	2	Ps.			
Conditions, if on		JR AS A CONSCOULT	1000	vere	00	ID,			
gove rise to im	imediate )								
underlying cous		DR AS A CONSEQUEN	NCE OF						
PART 2 OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO D	EATH BLIT N	OT PELATER	TO THE TERM	IN ALDISEASE OR	CONDITION CIVI	ENLINL DADT 1	
Z Ri	enture Ab	domina	O AD	Etic	Anei	Uzysm	+	HA HA FAKT II	0,
Pag DATE OF OPERA  7. 3.0  210. ACCIDENT WAS UP		OITION FOR WHICH (	OPERATION	WAS PERFO	RMED	20g AUTOPSY?		, WERE FINDI	
7. 30	.82 Rus	Turad Ac	bdomin	al Att	tic Amut	YES NO!		YING CAUSES	S OF DEATH?
210. ACCIDENT WAS UP				21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	_	L	110
	CAUSE OF DEATH	.M. MONTH DAY	Y YEAR						
OR CONTRIBUTING (IF EITHER NOTIFY MED		OF INJURY	19	211. LOCATIO	ON				
WHILE NOT W	HILE ORK	REET FACTORY, OFFICE FA	RM ETC )	STREET		CITY	OR TOWN	COUNTY	STATE
	(this hospital) attended to	he decensed from	7.	30.	19 8 2		F-/:	10 F-1	
sow the deceo	sed plive on	. /. 19 8	a ond		(our) opinion	death occurred on t	he date and hour	and from the	that (we) los
22b. SIGNATURE	(did) (did) view the body	y ofter death		EGREE				22c. DATE	
9	Anon			,	ATTENDING	MEDICAL	STAFF		1.82
22d. PHYSICIAN'S N	AME LIYPE OR PRINT)			22e ADDRES	PHYSICIAN [	DIRECTOR PH	YSICIAN		1
	R.D. AR	ORA		S.A		ital, 13	altin	rone	
30 BURIAL, CREMATION			AME OF CE	METERY OR	CREMATORY	123d, LOCATION			
(SPECIFY) <b>Burial</b>					metery	Baltimo		COUNTY	STATE
FUNERAL DIRECTOR	Witzke P.A.		מטוו רכ	TEN CO	25 DAT	E REC'D BY REGIST	RAPPOPERT	MISS SIGNA	Md.
NAME	witzke P.A.	ADDRESS.	7 00	. 040	AUI	G - 2 1982	Strance	Spenil	and the
TOUR LONGIN	ISON AVANUA.	LATONSVII	IR. MI	T. 717	181		The second second	4.49	111111111111111111111111111111111111111

1630 Edmondson Avenue, Catonsville, Md. 21228

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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		ATTER	of for t	t. of H	m 21 i	
		the ho	L DIRE	e Dep	If He	
		SPITA d by	NERA be de	e Stat	TANT	1
		TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or offending physicion.	TO FU	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic emm, the sended examines were neglected.	1
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DHMH - 16 50M 1/81 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE AS

1.	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	204	3 0
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH MONTH	H DAY YEAR	26 HOUR
L	PEA	RT.		G	RIFFIN	AUGUST 19	1982	12.000
1, 5E	х	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAT	AR IF UNDER 24 HRS
_	FEMALE	WHI		MA	R 02 1919		YRS.	
	IRTHPLACE (STATE OF FOREIGN COUNTRY)		WHAT COUNTRY	MARRI	ED X NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
10.0	W. Va.	U.S.	HOSPITAL NILIDS	WIDOW	OR OTHER INSTITUTION	BALTIMORE 176. USUAL OCCUPATION	CITY	MD.
1	LTIMORE	. (IF NOT IN SU	OHNS_HO	T ADDRESS)		(TYPE OF WORK FOR MOST OF WORK	(ING LIFE) INDUSTR	of BUSINESS OR Y Schools
dsu	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
EE	INSYLVANTA		LANCAS		YES NO		TERRA	ACE
14, F/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N.			LAST
	EDWARD		BLEVIN	IS	DICIE		REI	
	WAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	705 Wymere	ft Terra	ce Ant 3
	NO		250-22-	1365	Mr. William	M. Griffin La	incaster,	Pa. 1760
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	line for (o), (b), o	nd (C)		-	APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
		IATE CAUSE (o)	Carrie	PUM	over anes	Я		30 minutes
	1147	DUE TO, C	R AS A CONSEOL	IENCE OF	0			
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, O	r as a conseou Brs		Carcinoma,	netostatic	-	Byeers
CERTIFICATION	PART 2 OTHER SIGNIFICAN				T NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION  200 AUTOPSY? 200. IN C	IF YES, WERE FINE CERTIFYING CAUSI	DINGS USED
CER	210. ACCIDENT WAS UNDERLYING			. A.V. VE A.D.	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITE		
AL	OR CONTRIBUTING CAUSE OF I	DEATH	M. MONTH D	AY YEAR				
MEDICAL	21d. INJURY OCCURRED  WMILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on 811	7 10	82.	nd that in (my) (our) opinion	death accurred on the date on	, 19 <u>82</u> d hour and from th	that (1) (we) lost ne couses stated
	22b. SIGNATURE	8.12		Cim	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	- 8	19/8 2
	22d. PHYSICIAN'S NAME (TYP)		)		22e. ADDRESS	of Malizine,		king Hepital
	BURIAL, CREMATION, REMOVA			NAME OF	CEMETERY OR CREMATORY	JH LOCATION O	0000	welfiate
	Removal	8/20/	82		'Δ'	IG 2 5 1982	mo la	easely."
24 FI	UNERAL DIRECTOR		ADDRESS		25a D4	1062"5"982"	EATRAN'S CON	SUSE IN COL
	Anatomy Board	l Ba	lto., Md			0		7

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I is marked or Item 18 showsony injury, or other troumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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executed within 24 haurs after

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

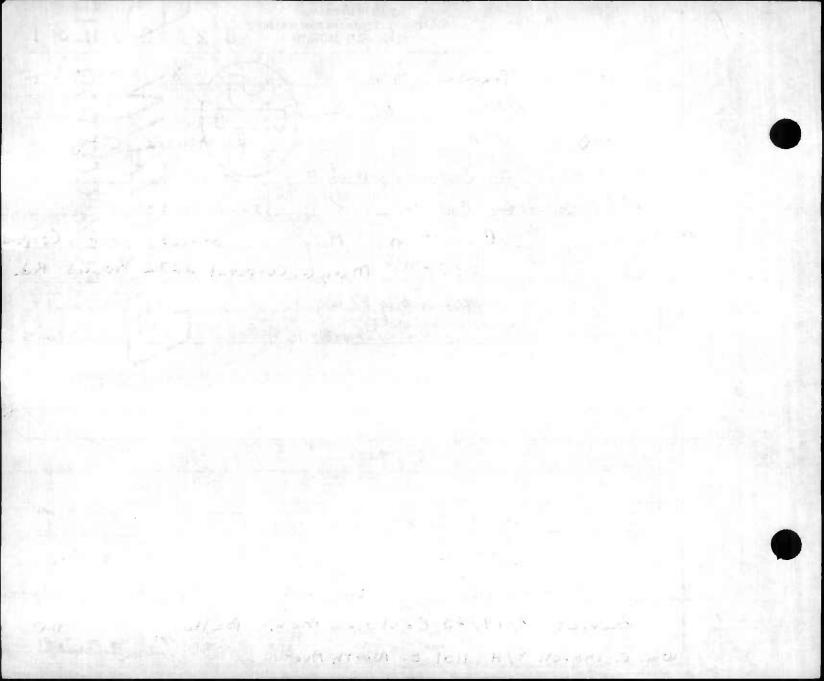
etained by the haspital ar attending physician.

#### STATE OF MARYLAND

8	REG. NO.	2	0	and	3	
_				_		_

	FOR  STATE REGISTRAR		EALTH AND MENTAL HYGI	ENE 8 2 NO 2	20431
	1. DECEASED NAME FIRST (TYPE OR PRINT) Autvaund	1	asi 1e.S	20. DATE OF DEATH MONTH	10 82 4:26 am
	3. SEX Fernale	1 RACE S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	US A   WIDOWE		9. BALTIMORE CITY OR COUNT	City MD.
1	Soth Baltimore	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL STREET ADMISSION, OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION,	elleral H	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	17b. KIND OF BUSINESS OR INDUSTRY
5	13a. STATE		13d. INSIDE TTY LIMITS?  YES NO   15. MOTHER'S MAIDEN NAM	13e STREET ADDRESS 2222 Round R	26
2	Willie	Bankston	Mary	GMIDDLE S	Corporal
,	160 WAS DECEASED EVER IN U.S. AR (YES, NO OBUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 244-76-0869	Mary G. Co	rporal 2222	Round Rd.
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  COLUMN (C)	Failure Sumaticus		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ~ 20 minutes  ~ 2-3 Lours
)	PART 2. OTHER SIGNIFICANT ( 19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	ONDITIONS CONTRIBUTING TO DEATH BUT		20a AUTOPSY? 20b. IF YE	SS, WERE FINDINGS USED  IFYING CAUSES OF DEATH?  ES \( \text{NO} \( \text{TO} \)
1.	TIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER MILE AT WORK AT WORK	TH HOUR A.M. MONTH DAY YEAR	21t. HOW INJURY OCCURRI 21t. LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM 18	
1	27a. I certify that W (this haspi saw the deceased alive an above, (I) (w) (did) (did) 27b. SIGNATURE	Satelle		MEDICAL STAFF DIRECTOR PHYSICIAN D.	19, that (1) ( lost lost on from the couses stated  122. DATE SIGNED  8/10/82  Grane St Raltimore
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) 24 FUNERAL DIRECTOR NAME  NAME  NAME  NAME  NAME	8/14/82 East	EMETERY OR CREMATORY  VIEW MEN. 256. DATE  256. DATE	23d LOCATION LITY OR TOWN REC'D. BY REGISTRAN	COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)



and completely filled in the

IMPORTANT: If Item 21 is morked or Item 18 stores ony injury, ar other traumatic event, the medical should be detached for use as the burial-transit permit. Then please remave carbonpagers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

#### FOR STATE REGISTRAR

1630 Edmondson Ave., Catonsville, MD. 2122B

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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)	6-	E.a	U	200	V	
	REG. NO.					

	CEASED NAME	FIRST	A	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YE AR	26 HOU	R
		ELSI	E	Α	GRIM	MER		AUG	26.	82	8:3	0P
3. SE			4 RACE			OF BIRTH	6 AGE (IN YEARS LAST B	HRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
F	FEMALE		WHIT	E	03	17/99 YEAR		83 YRS	MONTHS	DAYS	HOURS	MIN
	IRTHPLACE (STATE O	R FOREIGN	b. CITIZEN OF	WHAT COUNTR	SA5 8	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DE	ATH		
N	TARYLAND		U.	S.A.	WIDOW		City					,
10. C	ITY OR TOWN OF DE	EATH	11. NAME OF H	OSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA				F BUSINE	
E	Baltimore		St. Agn	HEACILITY, GIVE STR			Housewife			USTRY		
USU	AL RESIDENCE HE NUL	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEF	FORE ADMISSION)					.01110		
-	Maryland	Balti		Catons		13d. INSIDE CITY LIMITS?	603 Laure		1 1 6			
	ATHER'S NAME				702220	15 MOTHER'S MAIDEN NA		74 1124	- di - L- C			_
	John		holas	Beck	,	Elizabeth	MIDDLE	Н	ausm	LAS	T	
	WAS DECEASED EVE			166 SOCIAL SE	-	17 INFORMANT	1364900					
b. ()	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-32-	AD13	John C. Grim				524		
								Teve				V/AI
	18 CAUSE OF DEA	WAS CAUSED	BY:	tine for (o), (b),	ond (c)	INFARC	Dist		В	ETWEEN	MATE INTER	DEAT
	Conditions, if one gave rise to in couse (a), stat	nmediote	DUE TO OF	AS A CONSECUTION	5							
CATION	gove rise to in couse (a), stati underlying cous	nmediate ing the se last	ONDITIONS CO	ASCU I	DUENCE OF TENS	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	20b. IF YE	S, WERE	FINDIN	IGS USER	)
TIFICATION	gove rise to in couse (a), state underlying couse	nmediate ing the se last	ONDITIONS CO	ASCU I	DUENCE OF TENS	NOT RELATED TO THE TER/		20b. IF YE	S, WERE	FINDIN		H?
	gove rise to in couse (a), state underlying couse	ation	19b. CONDI	ASCU I R AS A CONSEC FU PER NTRIBUTING T TION FOR WHILE FINJURY M. MONTH	DUENCE OF TENS	NOT RELATED TO THE TER/	200 AUTOPSY? YES NOW	20b. IF YE IN CERTI	S, WERE	FINDIN	IGS USED	H?
	gave rise to im couse (a), stati underlying cous  PART 2 OTHER SIG	Mediate Ing the Ing th	21b. TIME OI HOUR A.M.	ASC U IR AS A CONSECTION FOR WHICH INJURY M. MONTH M.	DUENCE OF TENS O DEATH BUT CH OPERATIO DAY YEAR 19	NOT RELATED TO THE TER/	200 AUTOPSY? YES NOW	20b. IF YE IN CERTI Y URY IN ITEM 18	S, WERE IFYING C ES PART I OR I	FINDIN	IGS USEL OF DEAT NO	H?
	gove rise to im couse (a), statunderlying couse (b), statunderlying couse (b).  PART 2 OTHER SIGNATURE (C).  190 DATE OF OPERATOR (C).  210. ACCIDENT WAS UPON COUNTY (IF EITHER NOTIFY MED (IF EITHER	THE CONTROL OF THE CO	19b. CONDITIONS CO	ASC UNITED TO THE PARTY OF THE	DUENCE OF TENS O DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM, ETC)	NOT RELATED TO THE TER/ IN WAS PERFORMED  21c HOW INJURY OCCUP  21f LOCATION STREET  19  and that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NOW  ORRED (ENTER NATURE OF IN)  CITY OR TO  death occurred on the company  MEDICAL STA	20b. IF YE IN CERT! Y URY IN ITEM 18	S, WERE IFYING CES	PART 2)	IGS USED OF DEAT NO 5	H?
	gove rise to im couse (a), statunderlying couse (b), statunderlying couse (c), statunderlying c), statunderlying couse (c), statunderlying c), statun	THE CONTROL OF THE CO	21b. TIME OI HOUR A.A. P.A. 21e PLACE C (AT HOME STREE DI) attended the view the foody of the control of the co	ASC UNITED TO THE PARTY OF THE	DUENCE OF TENS O DEATH BUT CH OPERATIO DAY YEAR 19 CE FARM, ETC)	NOT RELATED TO THE TER/ IN WAS PERFORMED  21c HOW INJURY OCCUP  21f LOCATION STREET  19  19  10d that in (my) (our) opinion DEGREE	YES NOT	20b. IF YE IN CERT! Y URY IN ITEM 18	S, WERE IFYING CES	PART 2)	IGS USEE OF DEAT NO	H?
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DHMH - 16 50M 1/81 (VRA 15, 4)

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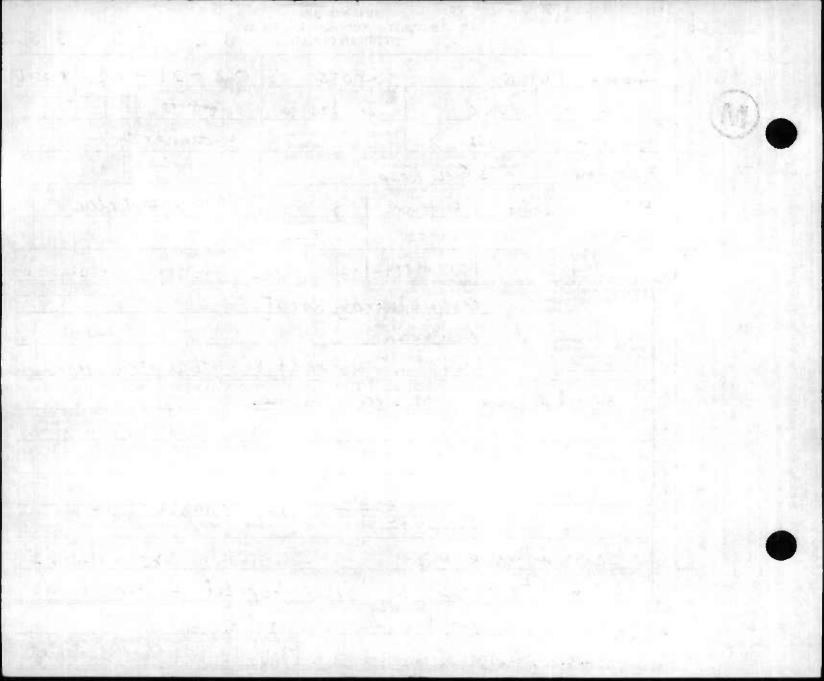
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H	2	em #6 Film G57			E OF MARYLAND		
1	1.	FOR STATE REGISTRAR	DEPAR		ICATE OF DEATH	8 2 <sub>REG. NO.</sub> 2	0 4 3 3
	1. DE	CEASED NAME HIS	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	3. SE		Mas H.	5. DATE C	4055	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 24 HRS
	_	Male	BUCK	. MONTH	DAY YEAR	8 8 92 YRS.	MONTHS DATS HOURS MIN.
3	1110	RITHPLACE ITTATE OR SOMEON SOUNDS	7b. CITIZEN OF WHAT COUNTRY	? 8. MARRIE WIDOWE	D NEVER MARRIED DIORCED	Battimore City or Count	
3	16.C	Ballwiose	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE	TADDRESS)	DR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OF
3		MO BECO	OTHER INSTITUTION, GIVE RESIDENCE BEFO LINEY 13c. CITY OR TOVE	WN		130. STREET ADDRESS W. B.	elvedere
00	14. F)	George	Gros	s	15. MOTHER'S MAIDEN NAM  Miritilda	WE	LAST
1		VAS DECEASED EVER IN U.S.			17. INFORMANT	ADDRESS	
/		No	GIVE WAR OR DATES) 217 U1	7742	Irene Whit	tington 1119	
			anly ane cause per line far (a), (b), a SED BY:	nd (c)	ray Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, If day, which	DUE TO, OR AS A CONSEOL	JENCE OF	any wive.		Imonth
	P	gave rise to immediate couse (a), stating the underlying cause last	3		al stoward+	Prostate Cance	r lyear
	z	0. 1	T CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM		
_	ATIO	HE DATE OF OPERATION	effusions of which		d Diabella	20g AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
1	CERTIFICATION		W. CONDINON TON WINC	TO EKANO	THE TEN SAMES	IN CERT	FYING CAUSES OF DEATH?
G		21a. ACCIDENT WAS UNDERSTING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
	MEDICAL	314. INJURY OCCURRED	P.M.  21e. PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE	FARM, ETC )	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
74		AT WORK D SET WORK D	spital attended the deceased from	Sixt	41L 10 8 L	· Avazi	19_ FE_, that (I) (we) la:
			view the body after death.	801	nd that in (my) (our) apinion a	death accurred an the date and ha	
k		776 SIGNAJURE	Physical MD	and E	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	821 52
1		LED W	Strauss		22e. ADDRESS	cortel Priff	imove ord
1	23a. I	BURIAL, CREMATION, REMOV		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
		BURIAL	8/26/82 A	rbuti	us Memorial	Arbutu.S	Md.
		UNERAL DIRECTOR	ADDRESS		25a. DAT	E REC'D. BY REGISTRAR 256. REGIS	
	Wn	. C. March	F/H 1101 E. No	orth.	Avenue   Al	JG 24 1982 /	in it wanty.



completely filled in by the funeral directa

should be detoched for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

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	REGISTRAR	

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG NO				

	REGISTRAR					ICATE OF DEATH	REG. NO	J.		
	CEASED NAME OR PRINT)	FIRST	1	MIDDLE	1	AST		MONTH	DAY YEAR	2b. HOUR
		LENA		E.	GR	OSSNICKLE	August	2, 1	1982	
3. SEX	Female		White,		5. DATE O	ch 10, 1909	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	
d. BII	RTHPLACE (STATE OR FO	OREIGN 7b.	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNT		
	Baltimor	e	(IF NOT IN SUC 270	5 Grindo	n Ave	or other institution nue	12a USUAL OCCUPATION OF WORK FOR MOSTO HOUSewif		12b KIND INDUSTRY	OF BUSINES
USUA 130 N	AL RESIDENCE (IF NURSIN	NG HOME OR OTH		Bal Cimo		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	130. 52765 DGFS11	ndon	Ave.	
	Marion	MID	DLE	Simms		15 MOTHER'S MAIDEN NA FIRST  Mary	WIDDLE			lor
16a W	VAS DECEASED EVER II	U.S. ARME		217-05-6		Robert R.	ADDRE Grossnickle		Grindo	n Ave
	4101	MMEDIATE C			erd	• • • • • • • • • • • • • • • • • • • •		4.		
	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which ediote the	DUE TO, OI	R AS A CONSEQUE	ENCE OF	Myocardi		rctio	5m .	
NO	Conditions, if ony, gove rise to imm cause (a), stating underlying couse	which rediote the lost.	DUE TO, OI  (b)  DUE TO, OI	R AS A CONSEQUE	ENCE OF	Myocardi	al Infa			10:
TIFICATION	Conditions, if ony, gove rise to imm cause (a), stating underlying couse	which edicte the lost.	DUE TO, OI  (b)  DUE TO, OF	R AS A CONSEQUE	ENCE OF COLOR	Myocardi	al Infa	20b. IF YE		INGS USED
ICAL CERTIFICATION	Conditions, if ony, gove rise to immicause (a), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC)	which ediote of the lost.  IFICANT CON  IPICANT CON  IPIC	DUE TO, OI  (b)  DUE TO, OI  (c)  NDITIONS CC  19b CONDI  21b. TIME O  HOUR A.I	R AS A CONSEQUE  R AS A CONSEQUE  THOM FOR WHICH  FINJURY  M. MONTH DA  M.	ENCE OF	NYOCARDINATE TERM NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	IN IN FAY  AND THE TOTAL  THE TOTAL  TOTAL	20b. IF YE	IVEN IN PART 1 ES, WERE FIND IFYING CAUSE (ES	INGS USED S OF DEATH
	Conditions, if ony, gove rise to immicouse (o), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING C	which ediote of the lost.  IFICANT CONTINUE OF THE LOST OF THE LOS	DUE TO, OI  (b)  DUE TO, OI  (c)  NDITIONS CC  196 CONDI  216. TIME O  HOUR A.I  216. PLACE	R AS A CONSEQUE  R AS A CONSEQUE  THOM FOR WHICH  FINJURY  M. MONTH DA  M.	ENCE OF SEATH BUT OPERATIO  AY YEAR 19	Myocardi D NOT RELATED TO THE TERM N WAS PERFORMED	IN IN FAY  AND THE TOTAL  THE TOTAL  TOTAL	20b. IF YE IN CERT Y	IVEN IN PART 1 ES, WERE FIND IFYING CAUSE (ES	INGS USED S OF DEATH
AL	Conditions, if ony, gove rise to immicouse (a), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.)  21d INJURY OCCURRING INDURY C. (IF EITHER NOTIFY MEDIC.)  WHILE INJURY OCCURRING INDURY C. (IF EITHER NOTIFY MEDIC.)  WHILE INJURY OCCURRING INDURY C. (IF EITHER NOTIFY MEDIC.)	which ediote of the lost.  IFICANT CON  IFICANT CON  ION  ION  ION  ION  ION  ION  ION	DUE TO, OI  (b)  DUE TO, OF  (c)  19b CONDI  21b. TIME O  HOUR A.I  P.I  21e PLACE (  JATHOME, STR	R AS A CONSEQUE  R AS A CONSEQUE  THON FOR WHICH  FINJURY M. MONTH DA  M.  DF INJURY EET, FACTORY OFFICE, F.  e deceosed from  19	ENCE OF  ENCE OF  DEATH BUT  OPERATIO  ANY YEAR  19	NYOCARDI NOT RELATED TO THE TERM N WAS PERFORMED  216. HOW INJURY OCCUR	INAL DISEASE OR CONI  200 AUTOPSY?  YES NO.  RED (ENTER NATURE OF INJUR  CITY OR TO.	20b. IF YE IN CERT Y	ES, WERE FIND IFYING CAUSE (ES	INGS USED S OF DEATH NO STA
AL	Conditions, if ony, gove rise to immicuse (a), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERATI  21a, ACCIDENT WAS UNDED OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC.)  21d INJURY OCCURRI  WMILE NOTIFY MEDIC.  22a.1 certify that (I) ( sow the decessed obove, (I) (we) (di  22b. SIGNATURE	which ediote of the lost.  IFICANT CONTINUE CONT	DUE TO, OI  (b)  DUE TO, OF  OUR TO, OF  19h CONDI  21h. TIME O  HOUR A.I.  P.I.  21e PLACE (  JATHOME, STR  oftended the  iew the body	R AS A CONSEQUE  R AS A CONSEQUE  THON FOR WHICH  FINJURY M. MONTH DA  M.  DF INJURY EET, FACTORY OFFICE, F.  e deceosed from  19	ENCE OF CONCENCE O	NOT RELATED TO THE TERM  N WAS PERFORMED  211. LOCATION STREET  19 and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	INAL DISEASE OR CONI  200 AUTOPSY?  YES NO.  RED (ENTER NATURE OF INJUR  CITY OR TO.	20b. IF YE IN CERT Y	ES, WERE FIND IFYING CAUSE (ES	INGS USED S OF DEATH NO STA
AL	Conditions, if ony, gove rise to immicouse (o), stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERATI  21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF ETIMER NOTHY MEDIC.  21d INJURY OCCURRING IN ORDER AT WORK IN ORDER  22a. I certify that (I) (I) (sow the decease obove, (I) (we) (di  22b. SIGNATURE  22d. PHYSICIAN'S NAJ	which ediote of the lost.  IFICANT CON  IFIC	DUE TO, OI  (b)  DUE TO, OF  OUR TO, OF  19h CONDI  21h. TIME O  HOUR A.I.  P.I.  21e PLACE (  JATHOME, STR  oftended the  iew the body	R AS A CONSEQUE  R AS A CONSEQUE  TION FOR WHICH  F INJURY M. MONTH DA  M.  OF INJURY et ractory office f.  dedecosed from offer deoth.	ENCE OF CONCENCE O	NOT RELATED TO THE TERM  N WAS PERFORMED  211. LOCATION  STREET  19  and that in (my) (our) opinion  DEGREE  ATTENDING	INAL DISEASE OR CONI  200 AUTOPSY?  YES NO S  RED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YE IN CERT Y	ES, WERE FIND IFYING CAUSE (ES	INGS USED S OF DEATH NO

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician

230. BURIAL, CREMATION, REMOVAL (SPECEY) Aug. 5,1982 Mt. Olivet 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Road 21214

23b. DATE

23d. LOCATION
CITY OR TOWN
Frederick AUG - 3 1982

Maryland

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2a. D	ATE O	DEATH	MONTH	DAY	YEAR	26. HO	UR ,

1 -	FOR STATE REGISTRAR	
	CEASED NAME OR PRINT)	FIRS
3. SE)	ema	18
7a. 81	RTHPLACE ISTATE	OR FOREIGN

MARRIED NEVER MARRIED WIDOWED DIVORCED |

BALTIMORE CITY OR COUNTY OF DEATH

AGE (IN YEARS LAST BIRTHDAY)

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY mond

A CITY OR TOWN OF DEATH Baltimore 13a. STATE 13b. COUNTY

Pleasant Manon Nunsing home SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore

LAST

UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? NO [

LLE. STREET ADDRESS Formerl 15 MOTHER'S MAIDEN NAME MIDDLE

20a AUTOPSY?

et. Hoor

LAST

4. FATHER'S NAME heodore

(YES, NO OR UNKNOWN)

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offending physicion

turm 160. WAS DECEASED EVER IN U.S. ARMED FORCES? I (IF YES, GIVE WAR OR DATES)

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),1

166 SOCIAL SECURITY NO.

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

17 INFORMANT Mrs. Annie Day, 132

Vatt . Hanover St. Balto

IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

OILL SE

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

DUE TO, OR AS A CONSEQUENCE OF

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

WHILE AT WORK

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

AT WORK

216 TIME OF INJURY HOUR A.M. MONTH DAY

PM

21e. PLACE OF INJURY

YEAR

NO YES | YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

NO [

771/SIGNATURE

22a.1 certify that (1) (this hospital) attended the deceased from

DEGREE

21f, LOCATION

22e. ADDRESS

MEDICAL STAFF ATTENDING DIRECTOR | PHYSICIAN PHYSICIAN

22c. DATE SIGNED

THE PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL, CREMATION, REMOVAL

Burial

Pamie Punzal an, M.D. 5214 Harford Rd

23d. LOCATION OF CEMETERY OR CREMATORY Baltimore National (ent. Baltimore,

24 FUNERAL DIRECTOR

(SPECIFY)

ly Funeral Home, 130 E. Fort Ave. Balto. Md.

250. DATE REC'D. BY REGISTRAR

OHMH - 16 25M (VR A 15 (4) ) 9/74

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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ł		EASED NAME FIRST	MID	DOLE	L/	AST	14	20. DATE OF DEA		DAY YEAR	26 HOUR
I	(TYPE (	Esther	٢		Gu	muit	-		08	17 82	10:45 AM
1	1. SEX	_	RACE	5	DATE O		YEAR	AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	
1	F	- EMALE	Caucas	ian	03	27	35	47	YRS		HOURS MIN
J	BIR	RTHPLACE ISTATE OR FOREIGN 7	b. CITIZEN OF WI	HAT COUNTRY? 8	AA A D D IE F	NEVER A	AARRIED []	BALTIMORE CI	_		
d		MD	USA		WIDOWE	-	VORCED	Baltin	nore	city	MD.
7	10. CI	Y OR TOWN OF DEATH		SPITAL, NURSING		R OTHER INST	ITUTION	12a. USH <b>OUS</b> I	WIGHE	12b KIND (	OF BUSINESS OR
4	B	altimore	SI	hai Hosi	pital		5	(XXXX)	TW HONE:	G LIFE) INDUSTRY	HOME
d	USUA 13a S		TY 11	3c. CITY OR TOWN	1	13d INSIDE C	ITY LIMITS?	13e STREET ADDR		,	
7		MD BAL	TIMORE	Randals bw	И	YES-M	NO 📳	4012 So	anlee F	Rd. #2:	1133
Į,	14 FA	THER'S NAME	IDDLE	LAST		15. MOTHER'S	MAIDEN NAM	E	DLE	- 14	AST
		Isadore		Turk		E	1a			Fingla	S5
		AS DECEASED EVER IN U.S. ARM	NED FORCES? 1	66. SOCIAL SECURIT	TY NO.	17 STPANA	EY	*	DDRESS	#211	133
4		NO		213325	440	TXXX	Gumnit	4012 50	anleeRd	Randallsto	iwh the ha
		18. CAUSE OF DEATH (Enter only	y ane cause per li	ne far (a), (b), and (	c).) -	77.8			37.0	APPRO: BETWEEN	XIMATE INTERVAL
1		PART I. DEATH WAS CAUSED  IMMEDIATE	CAUSE (a) CA	indiarespir	atori	arres	+				
	1	110	DUE TO, OR A	AS A CONSEQUEN	CE OF						
1		Canditians, if any, which	( (b) M	aliquant a	scite	5					
١		gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUEN	CE OF						
1		underlying cause last.	1 me	tastatic poo	rlydi	ifferentia	tel mucin-	producing.	adendan	cinnya 11	year
1	.	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CON	NTRIBUTING TO DE	ATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR	CONDITION	GIVEN IN PART 1	(a)
	CERTIFICATION										
ì	1CA	190 DATE OF OPERATION	196. CONDITI	ION FOR WHICH OI	PERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF IN CER	YES, WERE FIND	INGS USED S OF DEATH?
	E							YES NO		YES	NO []
ì	1.7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	MONTH DAY	YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE O	F INJURY IN ITEM	18, PART 1 OR PART 2)	
	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.		19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	F INJURY IT, FACTORY, OFFICE, FARI	M, ETC.)	211. LOCATIO STREET	N	CITY	ORTOWN	COUNTY	STATE
		AT WORK AT WORK									
		22a. I certify that (I) (this haspite		461	8/12	y	. 19 82	, 10	117		, that (1) (we) last
1		saw the deceased alive an abave, (I) (we) (did) (did nat	view the bady at	fter death.			(aur) apinian de	eath accurred an	the date and l		
		226. SIGNATURE	A 1		[	DEGREE	ATTENDING	MEDICAL	STAFF		E SIGNED
		year sin	and h	(1)			PHYSICIAN [	DIRECTOR   PI	HYSICIAN	8/17	182
1		27d. PHYSICIAN'S NAME (TYPE OR				22e ADDRES		~	11		
		Leon Strai	155			Sihai	Hospital	, Baltin	nore, M	4.	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR	CREMATORY	23d. LOCATION	N	COUNTY	STATE
	_		AUG.19	,1982 SF	IAAKE	I ZION		ROSE		BALTO.	MD
		INERAL DIRECTOR SOL	LEVINSON	& ABROS. BALTO., M	INC.		AUG 2	O 1982	TRAPES . REG	SISTRAR'S SIGNA	TURE
		6010 REISTERSTO	WN RD.	BALTO., M	1D 2	1215	400 2	1902	Jan	- de lan	wys

DHMH-16 60M 1/73

TO FUNERAL DIRECTOR: A should be detucted for use with the State Dept. of Heal IMPORTANT, if here 21 is m

(VR A 15 (4))

WHEN IN THE SECTION OF THE SECTION O THE 28 19 19 REAL OF THE PARTY THE THREE PARTY OF THE figure of the same of the 125497-141-1417-1417-1 The state of the s The second of th The state of the s

	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 2	2	0 4	3 7
		CEASED NAME FIRST OR PRINT)	Ve/15,	Joh N	1	20 DATE OF DEATH	MONTA DAY	182	26 HOUR 255 IF UNDER 24 HR
	3.00	MAle I	3/AcK	MONTH / 2	DAY YEAR	71			HOURS MIN
1		RTHPLACE (STATE OR FOREIGN 76 DUNTRY)  E 0 1-9 1 74	US A	MARRIED		9 BALTIMORE CITY C	k COUNTY O	F DEATH	~
6	10 9	BATIMORE	NAME OF HOSPITAL, N (IF JOT IN SUCH FACILITY, GIVE	URSING HOME OF STREET ADDRESS)	cother institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	_	126, KIND OF INDUSTRY	BUSINESS O
5	13a. S	ALTESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY	PER INSTITUTION, GIVE RESIDENCE 13¢ CITY OR 13¢ A	TI more	13d Inside CITY LIMITS? YES NO 🗆	13e. STREET ADDRESS	1,001	T Di	Live
0	14.FA	THER'S NAME MIDE	DLE LAS		15. MOTHER'S MAIDEN NA FIRST	WIDDLE		LAST	50
1		VAS DECEASED EVER IN U.S. ARMEI (15, NO OR UNINOWN) (16 YES, GIVE WA		SECURITY NO.	7/argina	Gennell	-1137 (	Ellian	ct Sr
		18 CAUSE OF DEATH lenter only of PART I. DEATH WAS CAUSED B MMEDIATE CO.  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Υ: 2	SEQUENCE OF SYNLEY	use and a	ante-or cler	oris	APPROXIM BETWEEN OF	VATE INTERVAT NSET AND DEATH
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	196 CONDITION FOR W			200 AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDING	GS USED OF DEATH?
1	1000	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M., MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	YES NO K	YES	1 1 OR PART 2)	NO 🗍
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY AT HOME, STREET, FACTORY, C		21f LOCATION STREET	CITY OR TO		COUNTY	STATE
		27s I certify that (I) (this hospital) when the deceased alive on house, (I) (we) (did) (aid hot) a 28. SIGNATUSE	1-8/tl	19 <u>82</u> . onc	d that in (my) (aur) apinian	death accurred an the d	2 ( , 19 ate and hour o		
		K			ATTENDING	MEDICAL STA	FF \	2/2	1/22

22e ADDRESS

STATE

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/76 (VR A 15 (4))

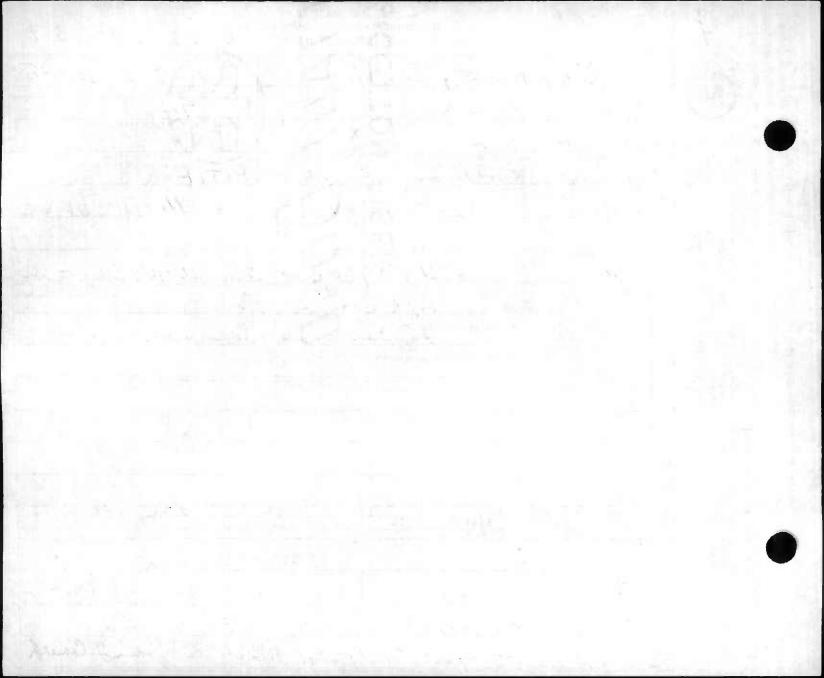
TO FUNERAL DIRECTOR should be detached to with the State Dept of

MPORTANT, If them 21 is marked or

22d. PHYSICIAN'S NAME (TYPE OR FRINT)

23b. DATE

230. BURIAL CREMATION, REMOVAL



executed within 24 hours after death. Page 4 may be

#### STATE OF MARYLAND

FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

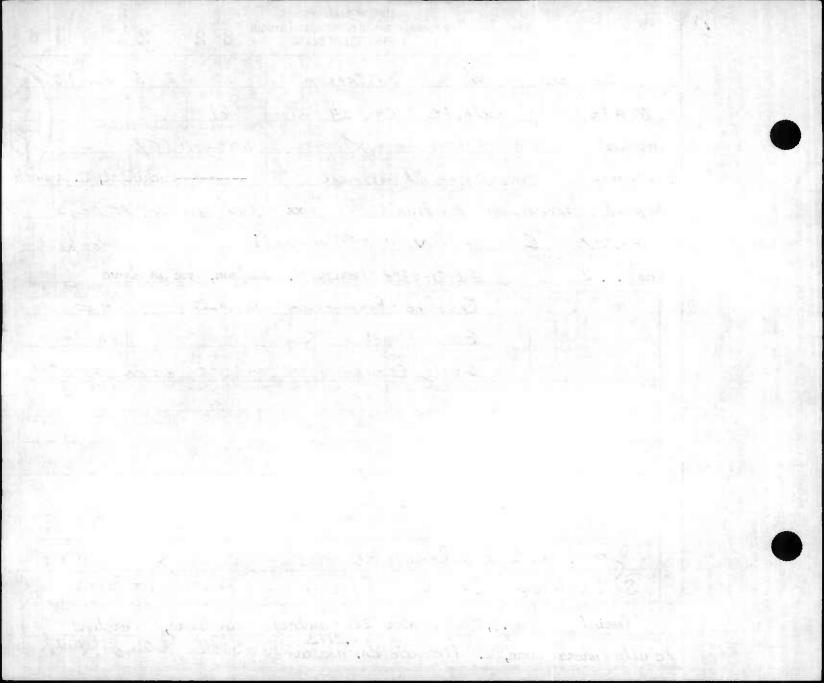
8	2 REG. NO.	2	0	Such	3	8
-	REG. NO.	-				

REGISTRAR		CERTIFICATE OF	· ·	REG. NO.		
. DECEASED NAME FIRST	MIDDLE	LAST	2a DAT	TE OF DEATH MON	TH DAY YEAR	2b HOUR
LEONARI	o W	GUSTAFSO	n	8	5 82	1:05PM
. SEX	4 RACE	5. DATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY	Y) IF UNDER I YEAR	HOURS MIN.
male	white	04 29	21	61	YRS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER	MARRIED 9. BALT	IMORE CITY OR CO	OUNTY OF DEATH	
Maryland	UNITED STATES		_ 0	ALTIMORE (	CITY	MD.
CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INS		UAL OCCUPATION		OF BUSINESS OR
BALTIMORE	UNIDERSITY OF 1	nd. HOSPITAC	1 1	180RCAM		d. Drydoci
ISUAL RESIDENCE (IF NURSING HOME OF 130. STATE	NOTHER INSTITUTION GIVE RESIDENCE BEF		ITY LIMITS? 13e STR	REET ADDRESS		
Maryland Ann	1 1./ 0/	ENA YES [	NOXX 34		ory PT. R	ord
4 FATHER'S NAME	MIDDLE LAST	IS. MOTHER	S MAIDEN NAME	WIDDLE		
GUSTAV	E GUSTA	Vson Jaran	Ertrude	MIDDLE	was	
60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMA		ADDRESS		
Yes W.W. 2	218-01-	6988 Leonal	ed W. Gustaf	son, Same	as above	
18 CAUSE OF DEATH (Enter o	inly ane cause per line for (a), (b)	ond (CL)		Λ		ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a) Gard	io - Purmon	arm An	rest	41	~ in
1627	DUE TO, OR AS A CONSEC	DUENCE OF				
Conditions, if any, which		Negotive	Censis		148	horrs
gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF				
underlying couse last	10 LUNG	Concer u	VITH Met	restatic N	isens 6	menths
	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED	TO THE TERMINAL DIS	EASE OR CONDITIO	ON GIVEN IN PART 1	0.
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [				8-110		
MO DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFO	RMED 200		b. IF YES, WERE FINDS CERTIFYING CAUSES	
			YES		YES	NO [
		DAY YEAR	JURY OCCURRED (ENT	ER NATURE OF INJURY IN I	ITEM IS PART I OR PART 2)	
(IE EITHER NOTIFY MEDICAL EXAMINE	AIR	19				
OR CONTRIBUTING CAUSE OF DE (IE EITHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	21f LOCATIO	NC	CITY OR TOWN	COUNTY	STATE
AT WORK NOT WHILE		,				
	nital) attended the deceased from	n	, 19, ta_		, 19,	that (I) (we) last
sow the deceased alive or above, (1) (we) (did) (did no	n19 at) view the body after death.	ond that in (my)	(our) opinian death acc	curred on the date o	nd hour and fram the	causes stated
22b. SIGNATURE	2 ( 1 )	DEGREE			224 DATE	SIGNED
Jan 1	< Scharle		ATTENDING MEDIC PHYSICIAN DIREC	TOR PHYSICIAN	X1 8/	2/2
22d, PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRES	S ,	Dr. x	100 712	10
schachi	ver, JAX K	- 116	WUNIV	I cay 12	Sall. 616	10
Burial, CREMATION, REMOVAL		NAME OF CEMETERY OR	CREMATORY 23d. L	LOCATION	Keener	
Burial	Aug. 9, 1982	(edar Hill (e	metery 1	Baltimore	Maryla	nd .
FUNERAL DIRECTOR	II MI O Tomad	1 2 Md. 21	34 25 MATEREGIDA	BY RECOUNTRAR 25	EGISTRAR'S OGNA	theely
Md ully tuneral	Home, Mt. & Teck	neck Kds. Paso	aenarou	J 100L	0	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detacked for use as the burial-transit permit. Then please remaye carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal WMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law



P T T T T T T T T T T T T T T T T T T T	ated within 24 hobrs blue death. Poc	ompletely filled in by the funeral direct ond 2 shauld be filed within 72 hau	examiner marbe withed of our	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	v requires that the death certificate be exect	neen signed by the ottending physicion and control than please remaye carbon popers. Pages	nor to purior, cremation, or remayor. ny injury, or other traumatic event, the medica	/
DIVISION OF VITAL REC	10 HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 holfs bleek death. Por	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the funeral directions of the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours and the burial-transit permit.	with the State Dept. of Health and Mental Hyglene prior to burla, cremation, or remayol. IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other traumatic event, th	29

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

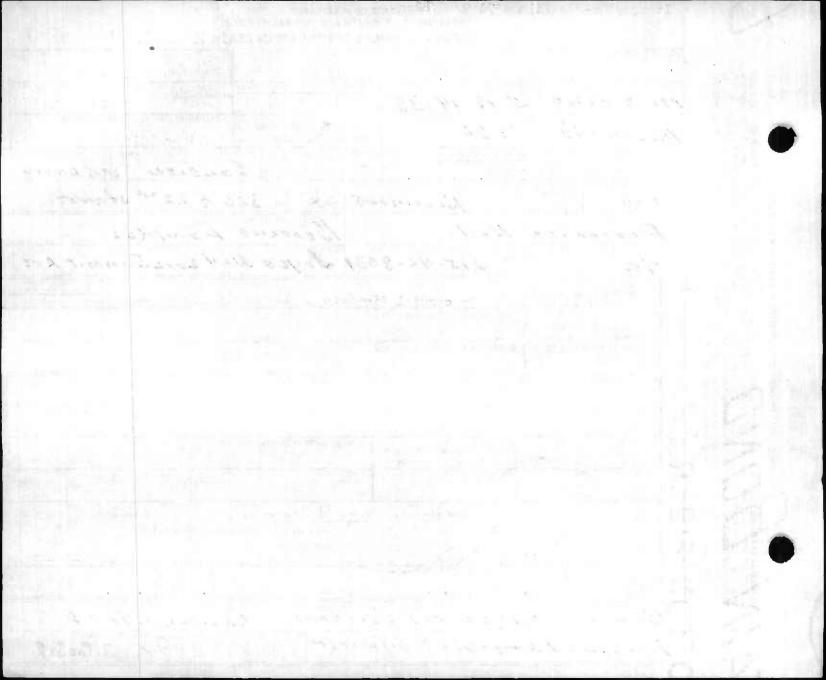
5	REG. NO.	da	U	4	3	1
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1	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	8 2	G. NO.	2 0	4	3	9
	CEASED NAME FIRST		MIODLE		LAST	20 DATE OF DEAT		H OAY	YEAR	2b HOU	R
		ANDREW		HA	LL	AUGUST	23,	1982	8 7 7	02:	30AN
3. SE	X	4 RACE			OF BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER	PIYEAR	IF UNDER	24 HRS MIN.
	Male	Blac	k	MON!	4 11		71	YRS.	DATS	HOURS	MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	10 011221101	WHAT COUNTRY?	8 MARRIE	ED NEVER MARRIED	9 BALTIMORE CIT	Y OR CO	UNTY OF DE	ATH		
	aryland	US		WIDOW	ED DIVORCED	BALTIM	IORE	CITY			MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCU			KIND OF	F BUSINE	SS OR
	ALTIMORE	THE JO	HNS HOP	KINS	HOSPITAL				5511(1		
130	AL RESIDENCE (F NURSING HOADSTATE 136 C	ME OR OTHER INSTITUTION OUNTY	134 CITY OR TOW Baltime	N	13d INSIDE CITY LIMITS?	201 N.	ss Broa	adway			
14 F/	ATHER'S NAME FIRST UNI	KNOWN	LAST		15. MOTHER'S MAIDEN NA Hattie	ME	l E		But	ler	
16a \	WAS DECEASED EVER IN U.S		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AC	DDRESS				
(	YES NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	N/A		Francis No	el 1957	Fore	est Dr	ive	3	
	18 CAUSE OF DEATH Enter PART I. DEATH WAS CA	er only one couse pe	r line for (a), (b), on	d rcl.				Bi	APPROXIM	MATE INTER	VAL DEATH
	. 6	NUSED BY. DIATE CAUSE (0)	Resp	Irate	on Arrest				In	vin	
	1627	DUE TO, C	R AS A CONSEQUE	NCE OF			1.77 1.7	d.	iscov	ered	
T	Conditions, if any, which	( (b)	Lun	/ -	ncer			ay	mo	x Ino	990
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO . C	R AS A CONSEQUE	NCE OF							
-	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ontributing to [	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR C	ONDITIO	N GIVEN IN P	ART 10		
ō	/	one_									
ICA	198 DATE OF OPERATION	196 COND			ON WAS PERFORMED	20a. AUTOPSY?	20b.	IF YES, WERE CERTIFYING C	FINDIN AUSES	GS USED	) H?
RTIF	None			one		YES NO		YES 🗌		NO [	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O		OF INJURY .M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	או הטנאו	EM IB PART I OR P	PART 2)		
ICA	(IF EITHER NOTIFY MEDICALEXAN	AINER) P	.M.	19		- 1					
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211. LOCATION STREET	CITY C	OR TOWN	COU	NIY	51	TATE
-	220.1 certify the (1) (this h saw the deceased alive above, (1) (we) (did) (die	e on O	23 19	52 6	ind that in (my) (our) opinion	, 10	/	19	om the c	-	ve lost
	22b. SIGNATURE	0 11	namo		DEGREE ATTENDING	MEDICAL	STAFF		B/	IGNED 2/8	7
	22d. PHYSICIAN'S NAME (T		Je mil)		PHYSICIAN 22e ADDRESS	DIRECTOR   PH	TOICIAN		70	70	
	/	R. A. LX	NGE		Johns Hopk	ins Hos	p.				
23a E	BURIAL, CREMATION, REMOV			NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOW	N	COUNT	v	61	ATE
	JRIAL	8/26/	′82 M	ou-n	t Auburn Ce	m Balti	imore	е	- 1	M	ld.
24 FI	UNERAL DIRECTOR		AOORESS			E REC'D. BY REGISTI	RAR 25	EGISTRAR'S S	IGNATU	JRE	
Wr	n. C. March	F/H 110	1 E. Nor	th A	Veniue AU	G 26 1982	10	Mund	- 6	mos	*

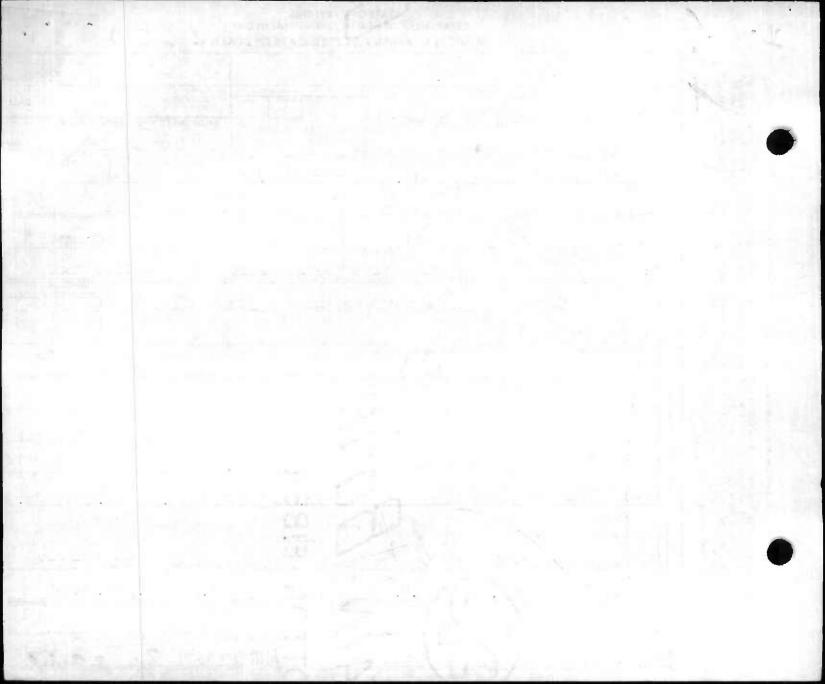
Wm. C. March F/H 1101 E. North Aveniue

Serve Serve

I	tems #18a-22a Film		E OF MARYLAND EALTH AND MENTAL H	YGIENE	
. 1-	STATE REGISTRAR		R'S CERTIFICATE O		20440
	CEASED NAME FIRST	WIGGLE	LAST	20. DATE KNOWN OF ESTI-	A
	ARTHUR	J.	HALL	DEATH MATED	N 17 0-1 N
3 SE)	ALE NEGAU S. DAT	E OF BIRTH  OAY  YEAR  OAY  YEAR  YEAR  YEAR  YEAR  YEAR  YEAR  YEAR  YEAR	RS IF UNDER 1 YR. IF UNDER  MONTHS DAYS HOURS  5.	24 HRS. 2c. DATE PRONOUNCED DEAD	8 18 19 82 D M
16. B	RTHPLACE (STATE OR Th. CIT	IZEN OF WHAT COUNTRY?	MARRIED S NEVER MARRI	ED 📙	OR COUNTY OF DEATH
0. C	(IF r	ME OF HOSPITAL, NURSING HOME,		120. USUAL OCCUPATION ( FOR OST OF WORKING LIFE)	TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
UBU/	Battimore 32 AL RESIDENCE (IF IN NURSING FOME OR OTHER II TATE 136. COUNTY	12. CITY OF TOWN	13d. INSIDE CITY LIMITS?		who all was my
II. E	ATHER'S NAME	Bouring	YES NO 1	NNAME	39 1000
20	-ROSERVER MIDDLE	14 A 12 LAST	150 ATR		KUS LAST
160. V	WAS DECEASED EVER IN U.S. ARMED FO ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D	RCES? 166. SOCIAL SECURITY ATES) 2 5-42-8		Sta 1/2012	SUMMIT AUT
	Canditians, if any, which gave rise to immediate	ouse per line for (o), (b), and (c).)  SE (a) Myocardial f: DUE TO, OR AS A CONSEQUENCE O  (b)  DUE TO, OR AS A CONSEQUENCE O	F		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBU	(c)	NAL DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a).	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
3 SALGER	210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	276. I certify that I taak charge of the death resulted fram: Natural cause ACTUAL SIGNATURE		TITLE (SPECIFY)	Undetermined manner	and in my apinian.  DATE SIGNED 8-18-82
2	EXAMINER'S NAME AND M.	Dixon, M.D.	ADDRESS 111	Penn St., Bal	to.,Md. 21201
7 23o.B	URIAL CREMATION, REMOVAL 236. DAT	23/3 2 23c. NAME OF CEM	STERY OR CREMATORY  656 CANS	23d. LOCATION CAYOR TOWN	VIII MD STATE
24. F	UNERAL DIRECTOR	mpasses 63 8 n 91/	morsk 250. DATER	G 23 1982	GISTRAR'S SIGNATURE



. 6	11-	FOR STATE				OF HEALTI	MARYLAND H AND MENTA CERTIFICATI		12	2 0	1	4	1.
5	1. DE	REGISTRAR CEASED NAME	FIRST	WEL	MIDDLE	MIINEK 3	LAST		DATE KNOWN	NO. MONTH	DAY	YEAR I	26 HOUR
	(79	ME DR PRINT)	DOROTH	ıv	В.	Ц	ALL	120	OF ESTI-	_		19 82	20 11001
機種類	1.50	X [4.8)		DATE OF BIRTH	lé. AGE	(IN YEARS IF UI		IDER 24 HRS. 20		МОМТН	DAY	YEAR	2d. HOUF
ERES .	Fe	male B	lack	MONTH DAY		A VDC	THS DAYS HOUR	S MIN PR	DATE ONOUNCED DEAD	8	24	19 82	8:40
SA SE	Ta. B	IRTHPLACE ISTATED		12 4 Th. CITIZEN OF WE		4 YRS.		9.	BALTIMORE CIT				UN
日本なる時	78	aryland		USA			RIED NEVER M	ORCED	Baltimo	ra Cit	V		744
SENS -	4 10 C	ITY OR TOWN OF D	DEATH	11. NAME OF HOS		HOME, OR OTH		12a USUA	LOCCUPATION		12b KIN	ND OF BUSI	INESS
3 Paris	1	Baltin	nore		1900 blk		r Grove S		ST OF WORKING LIFE)			INDUSTRI	
S S S S S S S S S S S S S S S S S S S		AL RESIDENCE (IF IN	NURSING HOME OR	OTHER INSTITUTION, GIV	RESIDENCE BEFORE A	DMISSION)	13d. INSIDE CITY LIMI		T ADDRESS				
SAMOND C	1000	aryland	1138 COOMIT		Baltim		YES X NO			ngdal	е		
NICE NIN		ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M	AIDEN NAME	WIDDLE			LAST	
SEE SOU	1	Harry		j.	Bail		Dori	S				amber	rs
N ON T	160.	WAS DECEASED EV	ER IN U.S. ARMI		166. SOCIAL SE	CURITY NO.	17. INFORMANT		ADDR				
DIVISIO		No	(# 125, 5772 #	, ,	217-46	-1463	Doris	Bailey	4203	Pimli	co l	Road	
20		16 CAUSE OF DE	ATH (Enter only I WAS CAUSED	one couse per line							BETV	PPROXIMATE IN	NTERVAL
A E E E E		Q11	IMMEDIATE	CAUSE (o)	ultiple		ounds						
AER ALC ANSIT P AL HYG REMOV		166		DUE TO, OR	AS A CONSEQUE	NCE OF							
NCL IN INER A RANSIT ITAL HY		gove rise t	f any, which a immediate	(b)									
15-20		couse (o) stot lying couse lo	ing the <u>under-</u>	DUE TO, OR	AS A CONSEQUE	NCE OF							
BURIAL- AND MEI				(c)									
E WA	z	PART 2 OTNER SIGNIFIC	CANT CONDITIONS <u>CO</u>	INTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEA	SE OR CONDITION GIVEN	IN PART 1 (e).					
8, 7	1 8	19a. DATE OF OPE	ERATION	III CONDI	ION FOR WHICH	OPERATION V	VAS PERFORMED?				[20. A	AUTOPSY?	
RIAL	5												NO 🗆
3	CERTIFICATION	21a EXTERNAL CA		21b. TIME OF		21c. H	IOW INJURY OCCI	URRED (ENTERNA	TURE OF INJURY IN ITE	M 18 PART 1 OR F	_		.,,,
L'E	ALC	UNDERLYING DE	OR OF DE	HOUR XX	YAD HINOM		Subject s	tahhad					
PRI	MEDICAL	21d INJURY OCC	URRED	21e PLACE C	OF INJURY (AT HO	DME. 21f LC	CATION						
201	¥	WHILE AT WORK	OT WHILE THE		ORY, FARM, ETC.)	190	STREET O blk. P	oplar G	CITY OR TOWN	. Balt	YTHUO	city	Md.
, 21				-	-	1	[V]					, i ly	PIU.
AND				of the remains des	cotted above, held	//	psy [A], Inspi , Homicide	ection [ ],	Inquiry .	ond in my o	opinion		
RYL		deoth resulted fr	om: Natural	given L.	11/1	Jycide L			mined monner	_1,			
Y S		ACTUAL	181	LOULA	119,	1	Deputy	Chief		DATI	E 8	3-25-8	32
EAT A	6	SKSNATURE	6	1-0-0	To recons	100	W.Decha , A	MEDIC	AL EXAMINER	SIGN	VED		
TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALLMAORE, MARYLAND, 2	4	EXAMINER'S NAM	ME Thom	nas D. Sm	ith, M.D		ADDRESS 11	1 Penn S	St., Bal	to., N	1d. 2	21201	
BAF -	23a. E	SPECIFY)					OR CREMATORY	123d 1.O.C			UNTY	STAT	TE
		BURIAL		9/1/82	Balt	imore	Cem	Ba.	Ltimore			Md.	
17	24. F	UNERAL DIRECTOR	?	ADDRESS			25e. D	ATE REC'D. BY R	EGISTRAR 256. F	REGISTRAR'S	SIGNAT	URE	
(5))	W	mC. Ma	arch F	/H 1101	E. Nor	th Ave	e:	AUG 27	1982	John	2.	anie	1
20M 4/82										/	V		-



тоу ре

executed within 24 hours ofter death. Page 4

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	8	REG. NO.	2	0	cal	4	
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FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG	8 2	2 G. NO.	0 4	4	2
1 DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEAT		AY YEAR	26 HOU	JR
Hilda	9	В.		Hall	August	9,	1982	3:30	PM
3 SEX	4. RACE		5. DATE		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	
Female	Wh	ite	Sente	mber 24.1897	84	YRS. M	ONTHS DAYS	HOURS	MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	-	
MARYLAND	U.S.	A.	WIDOWI	* *	Baltimo	re City			MD.
Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET GREEN NUI	ADDRESS)	Home	12a USUAL OCCU (TYPE OF WORK FOR M Homemake	OST OF WORKING LIFE	126. KIND C INDUSTRY		SS OR
OSUAL RESIDENCE (IF NURSING HOME 13a. STATE 13b. CO Maryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	'N	YES NO NO	13e STREET ADDRE				
14 FATHER'S NAME FIRST  Joseph	MIDDLE J.	Bac	k	15 MOTHER'S MAIDEN NAME FIRST Mary	ME	S.	Huls		
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECU		17 INFORMANT	A	212° Trac			
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	220-44-	1784	Cheryl Schwe	eizer C	parks. M	eys no.	E0	
gove rise to immediate couse tol, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  Ren as	T CONDITIONS CO	R AS A CONSEQUE ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIVE	N IN PART 10	0	
Ren as 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEAT	H?
	DEATH HOUR A.	DE INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT ( OR PART 2)	-	
OR CONTRIBUTING CAUSE OF I  (IF EITHER, NOTIFY MEDICAL EXAMI)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK A WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY	DR TOWN	COUNTY	51	TATE
27a. I certify that (1) (the loss saw the deceased alive obove, (1) (not/did) (did)  The SENATURE	on8/	9 / 19 8		nd that in (my) (my) opinion d DEGREE  ATTENDING PHYSICIAN	MEDICAL	ne dote and hour	ond from the	SIGNED	lost ted
Dr. John W.	Bowie			22e ADDRESS 500 W. Univ			Balti	21	1210 Md
23a BURIAL, CREMATION, REMOVA  Cremation	23b. DATE 8/12	2/00		EMETERY OR CREMATORY  W Memorial Pa	236. LOCATION		COUNTY	SI	TATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the firshould be detached for use as the burial-transit permit. Then please remove corbanapers: Pages 1 and 2 should be filed within

njury, or other troumotic event, the

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

offending physicion

retained by the haspital or

should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the Stote Dept. or necessary IMPORTANT: If Item 21 is marked or Item 18 shows

0/12/82

<sup>24</sup> FUNERAL DIRECUITTZKe P.A.

1630 Edmondson Avenue, Catonsville, Md. 21228

250. OATERSCO BYRGO DER 256. REAST AR'S SIGNATED

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		Prophagation			
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	Constant				
		(simenes)		· · · · · · · · · · · · · · · · · · ·	
- 28	12 /3	- 41 15 48	1010	and the second second	
72/2/2			CHT STORY	Shart to	
67-1 01-10-12-2	ge allemate			0.0.30	
F-Acces	STATE OF STATE	New Telinopel Tw	Livercini .auj.	Calcula 	

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER	TIFICATE OF	DEATH	REG. NO		_	
I. DECEASED NAME FIR	ST	WIDDLE	LAST			NONTH D	AY YEAR	26 HOUR
	LIAN	M.	HALL		8	-17-	- 85	7 P M
3 SEX	4 RACE	5. DA	TE OF BIRTH	1	S. AGE (IN YEARS LAST BIRTI	IDAY)	F UNDER 1 YEAR	
FEMALE	WH	ITE 12	. DAY	98	8	3 yrs ~	ONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY? 8			BALTIMORE CITY OF	11/10	OF DEATH	
MARYLAND	U.	CI A	RRIED   NEVER	Married '	CITY			445
O CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOM	ME OR OTHER INS	TITUTION	12a USUAL OCCUPATIO			OF BUSINESS OR
BALTIMORE	UNIUE	CHEACILITY, GIVE STREET ADDRESS	navy lon	2	SEAMSTRES			OLSTERY
SUAL RESIDENCE (IF NURSING HE	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISS	ION)			_ ~		
moryland	COUNTY	BACTIMUPE	13d INSIDE C	NO 🗌	1129 W	. Hon	- bory	st
14. FATHER'S NAME	WIDDLE	LAST		S MAIDEN NAM	E MIDDLE		LAS	ŠĪ.
FRANK		BLOCK		BERTHA	1		ROU	USE
160 WAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SECURITY N	O. 17 INFORMA	ANT	ADDRES	S		
NO		217-05-7251	GLORI	A H. OZI	MAN 1129 W	• HAMI	BURG ST	TREET
18 CAUSE OF DEATH (En	iter only one couse per	line for (a), (b), and (c)	0 .				BETWEEN	IMATE INTERVAL ONSET AND DEATH
PART 1. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	Cardia 1	Carlage					
1 4275			-					
Conditions, if any, whi		ACUTE AT	REST					
gove rise to immedia	te )							
underlying cause la		r as a consequence o	or .					
PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMAIN	AL DISEASE OF COND	ITION GIVE	N IN PART 1	D) A
¿ Parumonia		uted at		os Hospi			this sai	
4 19a DATE OF OPERATION		IT ION FOR WHICH OPERA			20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYB	- 60				YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
21a. ACCIDENT WAS UNDERLYIN			21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJURY			
OR CONTOURNED CAUSE	OI OCHIII	M. MONTH DAY YE	AR					
CIFEITHER NOTIFY MEDICALEX.	AMINER) P.		19 211 LOCATIO	ON				
ANUITE NOT WHITE		REET, FACTORY, OFFICE, FARM ETC			CITY OR TOW	N	COUNTY	STATE
AT WORK AT WORK	hand to the same of the		\$ /12	52	(/)	17	82	
22a.1 certify that (1) this sow the deceased ali	VI	17 19 82	nnd that	(our) pounion de	to to	, l'		that (I) (we) lost
22b. SIGNATURI	hd not view the body	after death.		(557) opinion de	on occurred on the dot	e ona nour		1
ZII. SIGNATURE	1	14 - A	DEGREE	ATTENDING	MEDICAL STAFF		It DATE	17/h
226. PHYSICIAN'S NAME	The	V~D		PHYSICIAN [	DIRECTOR   PHYSICI		V/	1/06
226. PHYSICIAN'S NAME	(TYPE COMPANY)	100 0	22e ADDRES	_	( = 0 A	10 .00 6		
1 137	אשידועט	my	1226	MICHENE	ST BARTI	mone	MAR	Grund
23a BURIAL, CREMATION, REMO	OVAL 236 DATE	23c NAME C	F CEMETERY OR	CREMATORY	23d LOCATION		COUNTY	
ENTOMBMENT	08-21	-82 T	LOUDON PA	RK	BALTIMORE	CITY		MARYTAND

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather troumatic

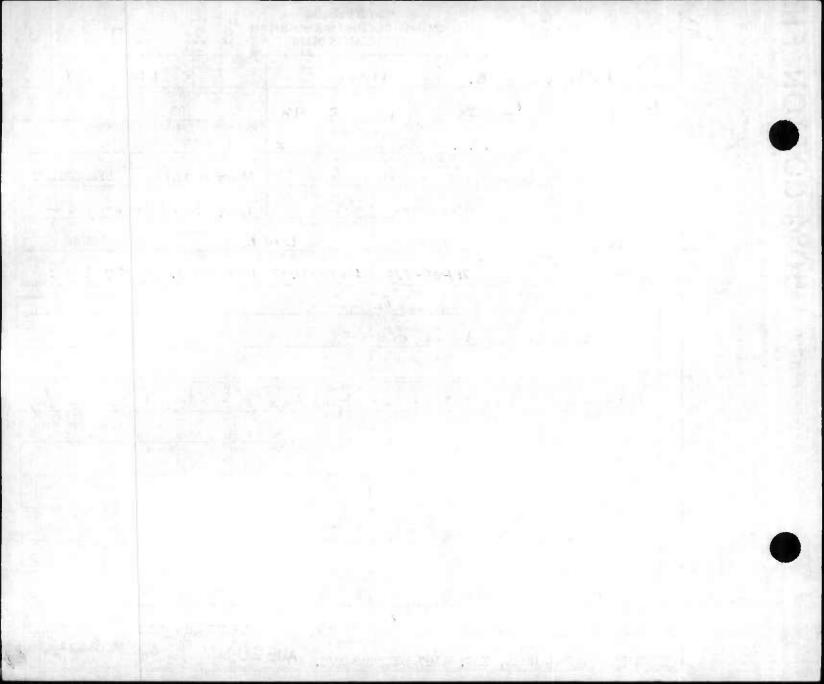
IMPORTANT: If Item 21 is marked or Item 18 shows

24 FUNERAL DIRECTOR

FOR STATE

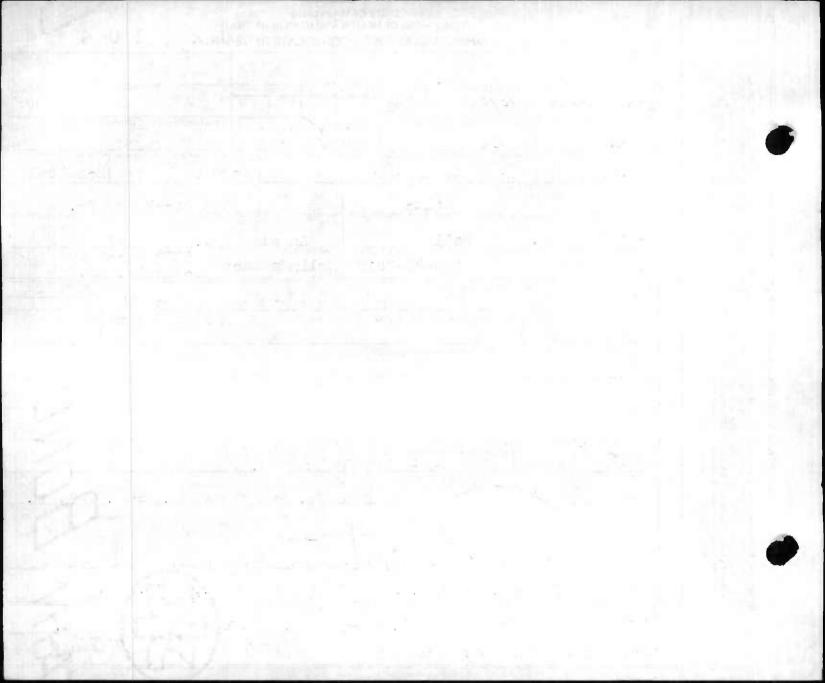
21229 ADDRESS HUBBARD FUNERAL HOME, 4107 WILKENS AVE INC.

250 DATE RECID. BY REGISTRAR TO REGISTRAR SEIGHTURE



DHMH - 17 (VR A15 ME (5)) 20M 4/82

1	FOR STATE REGISTRAR		Territoria de la composición della composición d	MENT OF HEALT EXAMINER'S	H AND MENTAL! CERTIFICATE (	OF DEATH 2 RE	G. N2 0	4 4	4
	DECEASED NAME (TYPE OR PRINT)	RICARD	0 B.	-	IALL	20 DATE KNOW OF ESTI DEATH MATE		DAY YEAR 24 19 82	2b. HOUR
3	Male Male		DATE OF BIRTH MONTH DAY 9/6/49	6. AGE (IN YEARS IF U LAST BIRTHDAY) MON 32YRS.	NDER 1 YR. IF UNDE	R 24 HRS. 2t. DATE MIN. PRONOUNCED DEAD	MONTH 8	DAY YEAR 24 19 82	2d. HOUR 10:22
4	BIRTHPLACE (ST. FOREIGN COUNTRY)	ATE OR 7	LSA	MARI	RIED NEVER MARI		ore City	Y OF DEATH	MD.
	CITY OR TOWN O	ore /	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S University H	dospital	HER INSTITUTION	Porter	(TYPE OF WORK )	or indust Hospit	RY
5 13	STATE Md	IF IN NURSING NOME OR O	OTHER INSTITUTION, GIVE RESIDENCE 13; CITY Ba	OR TOWN	13d INSIDE CITY LIMITS? YES I NO	5373 Bro	ok Way	Dr.	
	FATHER'S NAME		MIDDLE Hall	CIAL SECURITY NO.	15. MOTHER'S MAID Ange 17. INFORMANT	la C.	Hal		
7	NO OR UNKNO	(IF YES, GIVE WA		-42-7010	Erlinda		BssBroombia.		
	Condition gave ris cause (a) lying caus	ss, if any, which e ta immediate stating the <u>under</u> - se last.	CAUSE (o) MULTID  DUE TO, OR AS A COM  (b)  DUE TO, OR AS A COM  (c)  NTRIBUTING TO DEATH BUT NOT REL	nsequence of		torso and le	fied wea	pon)	
7	19ª DATE OF	OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED?			20 AUTOPSY	? NO 🗆
	UNDERLYING CONTRIBUTION	NG CAUSE OF DE	21b. TIME OF INJURY HOUR XM MONTH 8:30m. 8-2 21e PLACE OF INJURY 21e PLACE OF INJURY	24- 19 82 S (ATHOME, 21f. LO	Subject sho	ed (ENTERNATURE OF INJURY IN I	COL	INTY	STATE Md.
	deoth results	d from Notura	swarf	9mJ		Undetermined monner		<sub>D</sub> 8-25-8	
2:	EXAMINER'S I (TYPE OR PRIN IO. BURIAL, CREMAT (SRECIFY) BURIA.	ION, REMOVAL 23b		NAME OF CEMETERY	OR CREMATORY	Penn St., Ba	COUN	iTY s	TATE
2	FUNERAL DIREC	TOR	8/31/82   PA 1366 Eu	Mt: Zio taw Pl	n 25a. DATE SE	Landdown RECD, BY BEGISTRAR 19 P 9 1982	REGISTRAR'S S	Md.	



executed within 24 hours after

requires that the death certificate be

ATTENDING PHYSICIAN: The law

FOR

CTATE	01	MARNI AND	
SIAIR	Uľ	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18	1	REGISTRAR				CERTIF	ICATE OF DE	ATH	8 REG.	١٥.	2 0	64	4	1
-0	1. DE	CEASED NAME	FIRST	1	MIDOLE		AST		20 DATE OF DEATH	MONTH	OAY Y	YEAR 2	b. HOUR	
The same		Rev.	Richa	ard	P.	H	all			8	14	82		,
100	3 SE	x	- €	RACE		5. DATE C		25.0	6 AGE (IN YEARS LAST BE	RTHOAY)	# UNDER		IF UNDER 2	_
nce.		Male		Bla	ack	10		1912	69	YRS		DATS	HOURS	MIN.
30	70 B	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY?	1	D A NEVER MA	100150	9 BALTIMORE CITY			ATH		
25		ryland		U.	S. A.	WIDOWE		ORCED	Baltimo	re Ci	ity.	Mar	yla	ng
oc A	10 C	TY OR TOWN OF DEA	тн 11	. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTIT		12e HSHAL OCCUPA	TION	125 K	CIND OF	RUSINES	SC
EL	B	altimore	25	529 M	CCUITOH	Stre	et		TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNIN STEP & CLERK CUSTO					e
50	USU	AL RESIDENCE (# NURS	ING HOME OF OT	HER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)								
25		ryland	136 COUNTY		Baltimo	ore	YES TA	Y LIMITS?	13. STREET ADDRESS Baltimore	a. Ma	arvla	and	212	1'
2		ATHER'S NAME					15 MOTHER'S			,	-1310			
dil		Richard	i "9	Lane	"Ha]	11	Ma	rst TV	Emr	na		LAST	art	ρ.
747	16a \	VAS DECEASED EVER			166 SOCIAL SECL			U	imore, ADD		rvis	and	21	ヮ.
the	- (	YES NO OR UNKNOWN)		AR OR OATES)					E. Hall				oh.	C.
, or removal.					<del></del>		1110.	10,011	. D. HOLL	272				
		PART I. DEATH W	H (Enter only on AS CAUSED 6		TREMIC		~~				BE	APPROXIMA	SET AND D	ĒÀ
		processing from	AMMEDIATE (	CAUSE (o)	20	-/-						_		_
aum		283	0	DUE TO, OI	R AS A CONSEQUI	ENCE OF	100							
tior er tr		Conditions, if ony,	which	(b) E	ND- 51	ACE	RENA	Dis	EASE					
ourial, creme	l	gave rise to imm cause (a), statin												
		underlying couse		DUE TO, OI	R AS A CONSEOU	ENCE OF								
		BART 2 OTHER SICA	HEICANIT COL	(c)	ONTRIBUTING TO	DEATH BUT	NOT BELAYED T	O THE TERM	INAL DISEASE OR CO	IDITIONIC	IVENI INI D	A DT 34-		-
to b	z								MULTIPLE		4.4	aki jiu.		
rior /s an	CERTIFICATION	190 DATE OF OPERAT							200 AUTOPSY?		ES. WERE	FINDING	S USED	_
ne b	5	NIA		196 CONDITION FOR WHICH OPERATION WAS PERFORMED					IN CERT	TIFYING C		F DEATH		
vgie	E			21b. TIME O	5 (5) 11 (5)		121 110111		YES NO		YES 🗌		NO 🗍	
T E		218. ACCIDENT WAS UND			M. MONTH D.	AY YEAR	ZIE HOW INJ	JRY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	J. PART 1 OR P.	ART 2)		
or II	3	(IF EITHER, NOTIFY MEDICA	AL EXAMINER)	Ρ,	M.	19								
N Po	MEDICAL	21d. INJURY OCCURR	_	21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	ARM. ETC.I	211 LOCATION	4	CITY OR TO	)wn	COUN	417	STA	TE
h ar	1	WHILE NOT WE	RK											
isr		27e.1 certify that (1)	(ship herpital	gttended the	e deceosed from_	51	WUARY 4	19 82	10 August	14	. 19	, th	at (1) (w	o) I
of H		sow the decease	d olive on _	Angus:	7 9 19 6	12 , 01	nd that in (my) (4	opinion o	deoth occurred on the	date and h	aur and fro	am the co	uses stot	ed
pt. o		obove, (I) (value 22b. SIGNATURE	(did not) v	new the body	ofter death.		DEGREE				224	DATE SI	GNED	_
0 =		DI	1	5	// .	5	AT	TENDING _		AFF _		-/	182	
ANT	Į.	A	2	en	tor- 1	740	_	YSICIAN 6	DIRECTOR PHYS	CIAN		110	10 6	
with the SIMPORTA		224. PHYSICIAN'S NA		INT)			22e ADDRESS		- P	,				
with the State		Dr. Einl	norn		ľ	ID I	1818 F	or ir	RING ROAD	,600	YERV,	ILLE	MI	0
3 2	23e	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CR	EMATORY	234 LOCATION		COUNTY		STAT	
	l (	Buria		8/20/	/82 A7	hutu	s Mem	Park	Baltimo	20 00		7 Ma		-
	24 F	JNERAL DIRECTOR B	118,00	UMIS .	IA.	AAII/L	140 017	42 250. DATE	E REC'D. BY REGISTRA	R 25b. REAM	STRAR'S S	IGNATU	RE .	2,
-16 25M		NAME _D	MOITE	TI TO	AOORESS //	HUV	MIN DIL	1.0	110 1 7 1000	9	-au	9. (	44	1
, 4) 1/79	He	MEENT E. N	JUTTER	LUVIPA	AL HOME	3033 H	NORTH H	/Y. A	UG 1 7 1982	160	-	0		

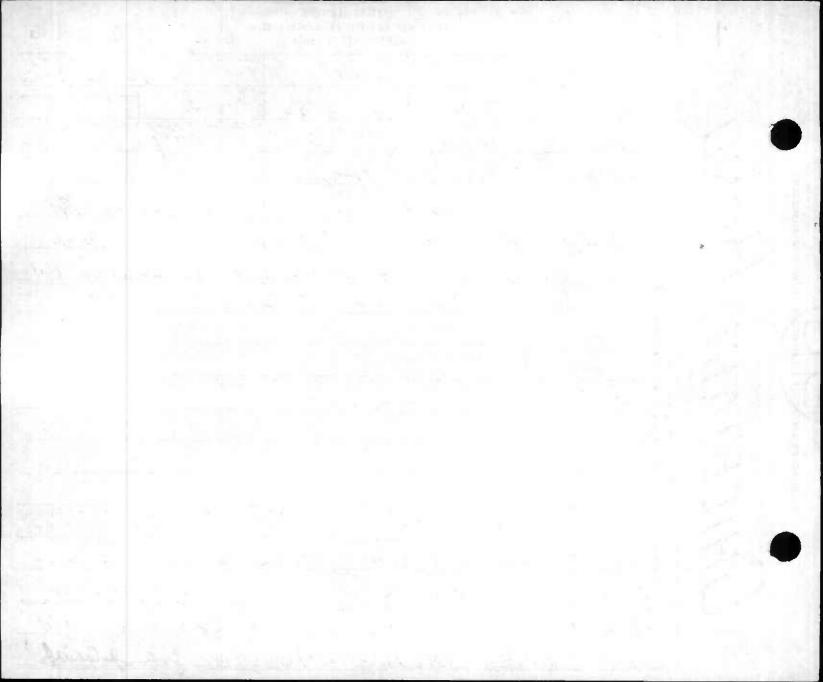
. S bharri . . . eliginors ofto elementation Tilloge 7520 olbiloh Street o Winister ACLER Wasteley.
2542 No.ullon..t.
2542 No.ullon..t. Branke A AND THE PROPERTY OF THE PROPER

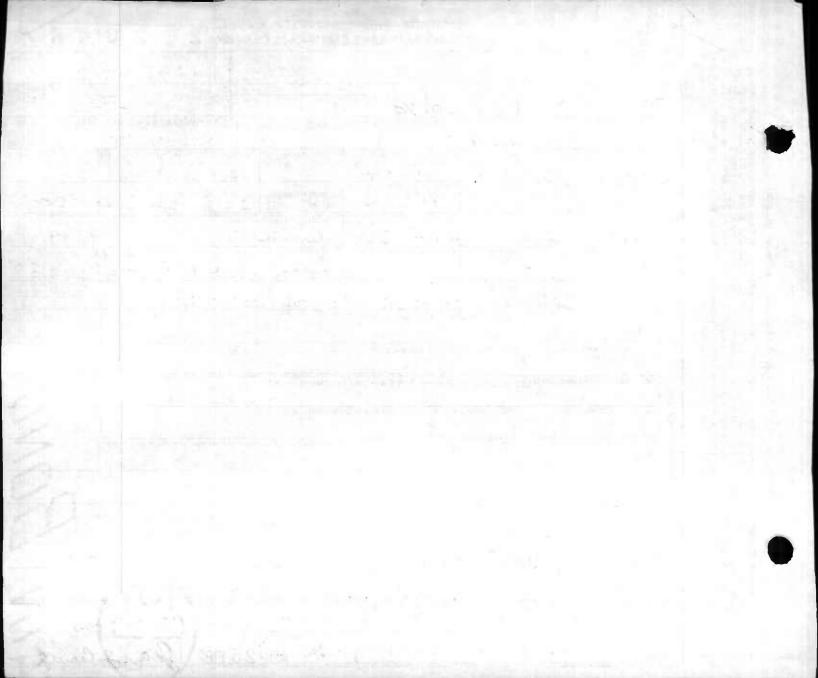
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the three should be detached far use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be fired with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH-16 30M 2/80 (VRA 15, 4)

may be

	١.	FOR		OF MARYLAND EALTH AND MENTAL HYG	IENE en		A £
	L	- STATE REGISTRAR		ICATE OF DEATH	8 REG. NO	2 0 4	40
		CEASED NAME FIRST	MIDDLE	La (1	20. DATE OF DEATH	-	2b. HOUR
	3. SE.		MAS  4. RACE  5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT	S-10-52 THDAY) IF UNDER I YEAR	IF UNDER 24 HRS
RAI)		M	3/K 10	-29-29	52	YRS.	HOURS MIN.
33		IRTHPLACE (STATE OR FOREIGN COUNTRY) H. d	U.S. H WIDOWE		617	COUNTY OF DEATH	MD.
39		Bra 1 to	11. NAME OF HOSPITAL, NURSING HOME O  (LE NOT WAS CHEACHTY, GIVE STREET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN BA 140	13d. INSIDE CITY LIMITS? YES NO []	13e. STREET ADDRESS 2807	Lawina	Ad
No.	14. FA	ATHER'S NAME	MIDDLE A. HALL	15. MOTHER'S MAIDEN NAM	ME MIDDLE	Hu	ghes
medical		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16b. SOCIAL SECURITY NO. VE WAR OR DATES) - 1959 214-36-6774	Walter H	ADDRE 4all 2807	Lawina	Rd
ra burat, cremanan, ar remayat. injury, ar ather traumatic event, th	NO	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT		INAL DISEASE OR CONE	his	
aws any	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (	
ar Item 18 sh	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR R) P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART I OR PART 2)	
marked ar	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn county	STATE
21 is		saw the deceased alive	ital) attended the deceased fram 19 an	d that in (my) (aur) apinion o	, 10		hat (i) (we) last auses stated
ANT: If Item		Charles P. See		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FF 224. DATE S	I-82
MPORTANT:		22d. PHYSICIAN'S NAME (TYPE O	R. GRAHAN JR	220. ADDRESS 299 Fredom	aite RR B	But pd 212	228
3 ≥		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION	UNSUITE	May
2/80	24. F	UNERAL DIRECTOR SAME SOTNON R. B	siley BY8 XIC	250. DATI	e rec'd. By registrar	25h REGISTRAR'S SIGNATU	JRE WILL





TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detoched for use as the buriol-tronsit permit. Then please remove contron property of with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or immove.

etoined by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shapes ony injury, or other traumatie

	REGISTRAR CEASED NAME FIRST	MIDD		FICATE OF DEATH	REG. NO.  20. DATE OF DEATH MON	TH DAY YEAR	T2b. HOUR	
TYPE	E OR PRINT)	nneth	Eugene H	amby	8/29/82		4:40P	
SE		4. RACE White	5. DATE		6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR MONTHS DATE YRS.	IF UNDER 24 HRS HOURS MIN	
L	RTHPLACE (STATE OR FOREIGN) ENDOWIN, N. C.	76 CITIZEN OF WH	A MARRIE	D NEVER MARRIED DIVORCED	Baltimore city or co	OUNTY OF DEATH		
F	Raltimore	(IF NOT IN SUCH FA	PITAL, NURSING HOME ( CILITY, GIVE STREET ADDRESS)  Hopkins He		12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO Machine Op	RKING LIFE) INDUSTRY	be Business o	
13a S	AL RESIDENCE (IF NURSING HOME OF STATE Md. 13b. COL	NTY 13c	RESIDENCE BEFORE ADMISSION) CITY OR TOWN CITY IMORE	13d INSIDE CITY LIMITS? YES 💢 NO 🗍	13° STREET ADDRESS 439 N • Ro	binson S	treet	
	Freman		amby	Esther	MIDDLE	Wheeli		
	VAS DECEASED EVER IN U.S. A YES, NOOF UNKNOWN) (IF YES, G		SOCIAL SECURITY NO. 12-36-8437	S.Jean Bek	timoreadda kowitz-439	N. Robin	1224. SON ST MATE INTERVAL ONSET AND DEATH	
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	CONDITIONS CONT	N FOR WHICH OPERATIO	NOT RELATED TO THE TERM	20g AUTOPSY? 20b	0	NGS USED	
MEDICAL CERTIFI	811162 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	21b. TIME OF IN HOUR A.M. P.M.	MONTH DAY YEAR		YES NO NO	YES [	NO []	
WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FARM, ETC.)	216 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	220. I certify that (1) (this haspital) attended the deceased from Avg 74 , 19 8V , to Avg 24 , 19 8V , that (1) (we) I saw the deceased alive on obove, (1), (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF							
	22d. PHYSICIAN'S NAME (TYPE	- ,		22e ADDRESS	le St. Bala		1205	
	SCOT RE			EMETERY OR CREMATORY	23d LOCATION			

STATE OF MARYLAND

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# FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	2	0	وا	63	1
	REG. NO.					

1.	REGISTRAR			CERTIFIC	ATE OF DEA	TH	3 4	10	. U "	6 64	7
	ECEASED NAME ECOPPRINT) ELOISE	Eloise HAMNIN	WIDDLE	LAST	Hamli	n	20 DATE OF DEATH AUGUST	MONTH 2/	DAY YEAR	26 HOU	134
3 SE	X	4 RACE		5. DATE OF		YEAR	6 AGE (IN YEARS LAST 8	RTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
	FEMALE	SLA	CK	4		20	62	YRS.	MUNIHS DAYS	HOURS	MIN,
7a. B	IRTHPLACE (STATE OR FOI	REIGN 76 CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARE	DIED 🗍	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
Ha	lesburg, Ala	1. USA	1	WIDOWED		CED X	BALTIME	206	CITY		MD.
	ITY OR TOWN OF DEAT	(IF NOT IN SU	HOSPITAL, NURSING		OTHER INSTITUT	ION	12a USUAL OCCUPAT	OF WORKING LI	12b. KIND (	OF BUSINE	
-	SALTIMORE JAL RESIDENCE (IF NURSIN		NAI				PRIVATE DU	TY NUR	'SE		
130	ARYLAND	BALT MORE	13c. CITY OR TOWN	RE	3d INSIDE CITY L		130 STREET ADDRESS	- 29	HA ST.		
	ATHER'S NAME FIRST	MIDDLE	LAST Bu	lger	Willie Willie	IDEN NAM	Mae Mae		Lan		
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECUR		7. INFORMANT		ADDR				
	No	(IF TES, GIVE WAR ON DATES)	217-20-1	506 W	Villard	Bulge	r 3007 Lar	ue Sq			
	18 CAUSE OF DEATH	Enter only one cause pe								CIMATE INTER	VAL
	PART I. DEATH WA	S CAUSED BY AMEDIATE CAUSE (a)	MESIASTA;	ric .	DISEASE						
	1629	,	RAS A CONSEQUEN	CE OF							
	Canditians, if any,	which (b)	ADENO CAR		DA OF	LUN	1G		14m	25	
	gave rise to imme couse (a), stating		R AS A CONSEQUEN	CEOE				-11-3			
-	underlying cause	last.	N AS A CONSCOULT	CL OI							
	PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO 1	THE TERMIN	NAL DISEASE OR CON	IDITION GIV	VEN IN PART 1	0	
o N	(B) PLEUR	AL EFFUSI	ON/ URIN	VARY	TRACT	INFE	ECTION				
CERTIFICATION	190 DATE OF OPERATIO	ON 196 COND	ITION FOR WHICH O				200 AUTOPSY?	IN CERTIF	S, WERE FINDII FYING CAUSES ES		H?
1 #	210. ACCIDENT WAS UNDER			12	16. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ			140	
	OR CONTRIBUTING CAL	OSC OF DEATH	M. MONTH DAY	YEAR							
MEDICAL	21d. INJURY OCCURRE	D 21e PLACE	OF INJURY	19 2	II LOCATION						
Ž	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, FAR	M ETC )	STREET		CITY OR TO	)WN	COUNTY	ST	TATE
	22a.1 certify that (1) (the saw the deceased	his haspital pattended the	1 19 1	119 1	5 , 19	82 opinion de	ta AUG e	21 late and hav	19 8-2.	that (I) (w	ve) lasti
	22b. SIGNATURE	(did nat) view the body	atter death.		GREE				22c DATE		
	Jume	& Cours	aton )	ns	ATTEN	IDING	MEDICAL STA	FF CIAN I	Aug	21	82
	21 of PHYSICIAN'S NAM	E (TYPE OR PRINT)	1	2	2e ADDRESS	6 BRE	ETON HIL	- RD			
	TEROME	E. Covi	NGTON		P	IKES	VILLE 1	78 0	21208	3	
23a E	BURIAL, CREMATION, RE	MOVAL 23b. DATE	23c NA	ME OF CEM	ETERY OR CREM	ATORY	23d. LOCATION				
Bu	Irial	8/25/	82 Arbu	itus M	em. Pk.		Balto. N	1d	COUNTY	. 51	ATE
24 FL	UNERAL DIRECTOR		ADDRESS.				REC'D. BY REGISTRAR		RAR'S SIGNA	ORE	1
LE	EROY O. DYE	TT 4600 Libe	erth . H	gts. /	Ave.	AU	G 24 1982	100	mon	, out	1/2



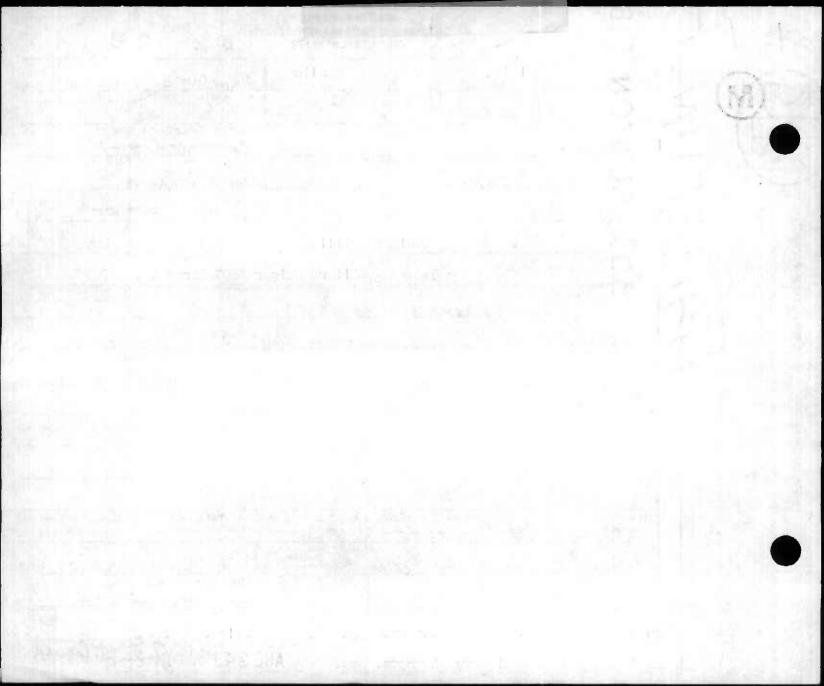
etained by the hospital or

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove corbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or other traumotic event, the

MPORTANT: If them 21 is marked or Item 18 show:



within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital ar ottending physicion.

	1.	FOR • STATE REGISTRAR	DEPARTM	STATE OF MARYLAN SENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGI	ENE 8 2 REG. NO.	0 4	5 0
TA STATE OF THE PARTY OF THE PA		CEASED NAME FIRST EORPRINT) Brandy	MIDDLE	Howelton.		20. DATE OF DEATH MONTH	9 82	620 A M
W	3 SE	× Female	Black	5. DATE OF BIRTH  MONTH DAY  4 27	82	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	H UNDER 24 HRS HOURS MIN.
13	Ba	RTHPLACE (STATE OR FOREIGN 76.	U.S. A.	8. MARRIED NEVER MA WIDOWED DIVO	RRIED 🔀	9 BALTIMORE CITY OR COUNTY OF DEATH		MD
by the t	30. € <b>β</b> o	11 1	NAME OF HOSPITAL, NURSIN		NOITU	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b KIND O INDUSTRY	F BUSINESS OR -O-
filled in	130.5	AL RESIDENCE (IF NURSING THE THEOD STATE anyland	130. CITY OR TOWI	13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS 1670, Independen	ce et,	
ond 2 sl	1	ATHER'S NAME  FIRST  Eric Hamilton	DLE LAST	15. MOTHER'S N	MAIDEN NAM	AE MIDDLE	Pelo	ln.
Pages 1	1	VAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE W.)				ADDRESS $S\epsilon$ n 1670 Independ	evern, Md. lence Ct.	,
red by the ottending phys please remove corbonpap urial, cremation, or remave , or other traumatic event,		18 CAUSE OF DEATH IEnter only of PART I. DEATH WAS CAUSED B 758   IMMEDIATE CO.  Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause last  PART 2 OTHER SIGNIFICANT CON	AUSE (a) archiac - DUE TO, OR AS A CONSEQUE (b) Thingon DUE TO, OR AS A CONSEQUE (c) Thingon	NCE OF NCE OF NCE OF NCE OF	faction			MATE INTERVAL INSEL AND DEATH
it. Then ior to be	MOIT							
hos burning perm	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	AED	200. AUTOPSY? 20b. IF YES NO.	YES, WERE FINDIN TIFYING CAUSES YES []	OF DEATH?
certificote irriol-trons ental Hyg Item 18 sl	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  LIF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	IRY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART 2}	
fter this as the bu th and M orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FA	RM, ETC ) 211 LOCATION STREET	3	CITY OR TOWN	COUNTY	STATE
for use of Healt		-220.1 certify that (1) (this haspital) saw the deceased alive an abave, (1) (we) (did) (did not) vi	19		19 ur) opinion d	, ta eath accurred an the dote and h	aur and from the	, , ,
(AL DIRE) detoched ote Dept	-	22b. SIGNATURE . Witngaran			ENDING YSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/9	SIGNED /&
hould be with the St		JANTANA VUTHIG		220 ADDRESS	copidal,	Bolf. Md 2120	4	

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

Aug. 13, 1982 Harmony Cemetery Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

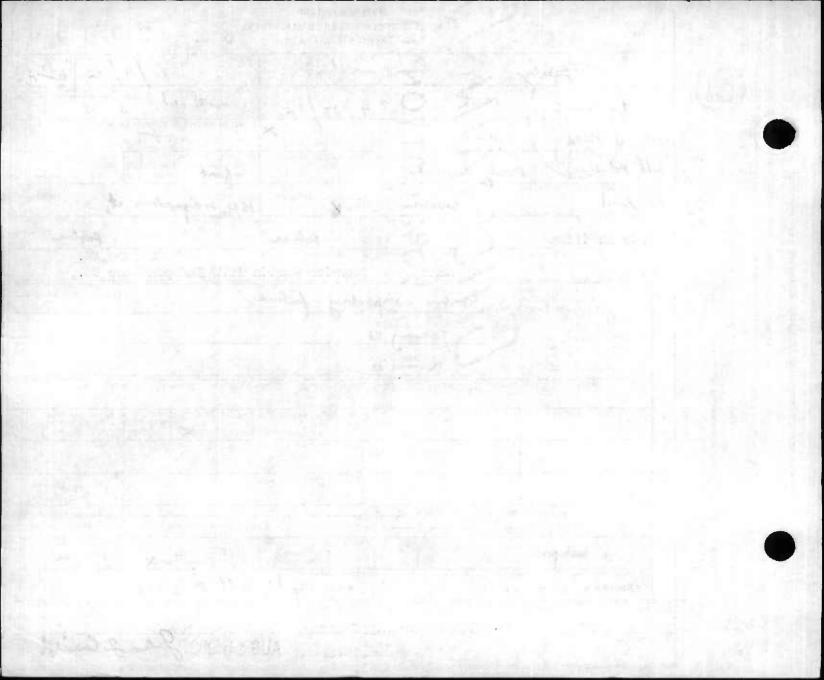
FUNERAL HOME, INC.

Landover AUG 151982

23d LOCATION CITY OF TOWN

STATE

COUNTY



Mc ully Funeral Home, 130 E. Fort Ave. Balto. Md.

FOR

- STATE

DHMH - 16 50M 1/81

(VRA 15.4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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executed within 24 haurs ofter death. Page 4 may be

completely filled in by the and 2 shauld be filed w

carbon popers. Poges

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	2 REG. NO.	2	0	0-1	5	6
	REG. NO.					

	TRAR		,	EKTIFIC	ALE OF DEATH	REG. N	10.		
1. DECEASED (TYPE OR PRINT)			M.	HANC		2a. DATE OF DEATH August	MONTH	DAY YEAR	26. HOUR 2:50 A,
3. SEX Fema		4. RACE White	1	May May	16 <sup>AY</sup> 1900	6. AGE (IN YEARS LAST 8	IRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Mary	CE (STATE OR FOREIGN	U.S.A	• v	VIDOWED [		Haltimo			MC
Balt	own of DEATH	Hamis	HOSPITAL, NURSING	g Cen		126 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewi			OF BUSINESS OR
Maryl	and Bal	timore	130. Parkvill	a 113	NES NO TO	13e. 2900 G1e	ndale	Ave.	
Josep		HDLE	Robinso		Laura RST	AME		Blum	t
No NO OR	EASED EVER IN U.S. A	RMED FORCES?	217-07-		Roland Hanc	ock 2301 Pe		d Dr. Ba	alto.
Condit.	370 tions, if ony, which rise to immediate (o), stating the	DUE TO, OF	Cerebin	Alexe	CTRRIOSCLOV			BETWEEN 2 - 3	MATE INTERVAL ONSET AND DEATH ONSET AND DEATH
PART 2			DNTRIBUTING TO DEA			MINAL DISEASE OR COM	20b. IF YE	ES, WERE FINDIN	NGS USED OF DEATH?
OR CONT (IF EITH 21d INJ	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DI TRIBUTING CAUSE OF DI HER NOTIFY MEDICAL EXAMINI TURY OCCURRED	21e. PLACE ( (AT HOME STR	M. MONTH DAY  M.  OF INJURY  RET, FACTORY, OFFICE, FARM	YEAR 19 2	TE HOW INJURY OCCUI	YES NO RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)  COUNTY	NO STATE
UDC	ertify that (1) (this hose w the deceased alive of ove, (1) (we) (did) did n SNATURE	otherwise the body	e deceased from 3 19 3 2 ofter death.		GREE	, to ACIG  death occurred on the of			

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J, Ruck, Inc. 5305 Harford Rd. 21214

Maryland Green Mount Crematory Baltimore BY REGISTRAR 251 REGISTRARS SIGNAPHATHER

15 to 1500 with oroni. To area El Inf anyl dinimeta nuns TUBE BORNISH .H 117-67-8733 Holand Burecock 9301 Pengland Dr. Balke.

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executed within 24 hours after death. Page 4 may be

and completely

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

any injury, ar other traumatic event, the

IMPORTANT: If them 21 is marked ar Item 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

### STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8

R	REGISTRAR				CERTIF	ICATE OF DE	AIH	REG. I	10	- ,	9 9
1. DECE	ASED NAME	FIRST		MIDDLE	1	AST		20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
	- All VI	Madelei		lizabe		NEY		August 3,			8:50a M
3.5EX		4.	RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST E		FUNDER I YEAR	IF UNDER 24 HRS
Fem			Whit	е	1	11	1919	63	YRS.		mild.
Te. BIRTH	HPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8	NEVER M.	ARRIED	9 BALTIMORE CITY			
	yland		U.S.		WIDOWE	D DIV	ORCED [	Baltimo	re City	/	MD.
Ba	ortown of colore		Mary	land G		or other insti	IUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewi	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
13a STA	RESIDENCE (FNATE) yland	COUNT	imore	13c. CITY OR Dunc	TOWN	13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 235 Pin		Road	
14. FATH	IER'S NAME					15 MOTHER'S	MAIDEN NAM	ΛE	owood	rtoaa	
	James	MI	DDLE	Love		Ro	Se.	WIDDLE		Smit	
	S DECEASED EV			16b SOCIAL	SECURITY NO.	17 INFORMAN		ADDI	RESS 235		ood Rd.
No	, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	217-0	7-4268	Byron	S. H	aney			D.21222
18	CAUSE OF DE	ATH (Enter only WAS CAUSED	one couse pe								MATE INTERVAL
	191X	IMMEDIATE		ulmona	ry edema						_
1	T 160				EQUENCE OF						
	Conditions, if or		(b) 1	lyocard	ial infa	rction	with h	eart block			
- C	gove rise to i	ting the	DUE TO, C	R AS A CONS	EQUENCE OF				(	ol Pul	monale
-	anderlying cou							ulmonary d	isease	with	
z P	ART 2 OTHER SI	GNIFICANT CO	NDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR COM	NDITION GIVE	N IN PART 10	) '
OIT	DATE OF OPER				HICH OPERATION			on; Electr			
CERTIFICATION	DATE OF OPER	KATION	198 COND	IIION FOR W	HICH OPERATION	N WAS PERFOR	WED	200 AUTOPSY?	IN CERTIFYI	WERE FINDIN ING CAUSES	OF DEATH?
	R CONTRIBUTING		21b. TIME C		DAY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T I OR PART 2)	
	LIF EITHER NOTIFY ME			М.	19						
VED 21	d. INJURY OCCU			OF INJURY	FFICE FARM, ETC.)	211 LOCATION	1	CITY OR I	OWN	COUNTY	STATE
- V	WORK NOT	WHILE			_						
22	a.l certify that)	(this hospital	) ottended th	e deceased f	0.0		19_82	Augus			that (IX(we) last
	obove, (Ixwe	osed alive on	AUGUS I	ofter death.	.19 <u>82</u> on	d that in (70) (a	ur) opinion d	eath occurred on the o	date and hour o	and from the c	ouses stated
22	b SIGNATURE		0	1	1	DEGREE				22c. DATE S	SIGNED
	70	elert	6,	amend	de you		TENDING IYSICIAN [	MEDICAL STA	CIANXX	8/3/8	32
22	d. PHYSICIAN'S	NAME (TYPE OR PI	RINT)		11	22e ADDRESS					
	Robei	rt C. An	mlung	, M.D.		c/o Ma	ryland	General H	ospital		
23a BUR	IAL, CREMATION	V, REMOVAL	23b. DATE		23c NAME OF CE	METERY OR CR	EMATORY	23d. LOCATION		COULTY	
	Burial		8/6/3	1982	Oak	Lawn		Bal	timor	e Ma	arvland
24 FUNE	RAL DIRECTOR	Duda-I	Ruck,	Inc .	RESS.		250 DATE	REGID BY REGISTRAL	2 0 EGISTRA	AR'S SIGNAL	JRE •
792	22 Wise	Avenu	ie Di	ındalk	, MD.	21222	AUU	- 0 1302	Joan	- Che	mercy

DHMH - 16 50M 1/81 (VRA 15, 4)

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# within 24 hours after death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OR ATTENDING PHYSICIAN: The O HOSPITAL

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

SIENE	O
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		REGISTRAR	2.7	CERTIF	ICATE OF DEATH	REG. NO	2 0	4 3	6
		CEASED NAME FIRST  OR PRINT)  LEN	NIFER BR	Coke	NSEN	20. DATE OF DEATH	MONTH DAY YEA ST 18,198	32 10:5	-
	3.5E	X	4. RACE	5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRT		EAR IF UNDER	24 HRS
8		EMALE	WHITZ	FET	3 4 1982		YRS. 6	AS HOURS	MIN.
J	7496	RTHPLACE   STATE OF FOREIGN	16. CITIZEN OF WHAT COUL	NTRY? B.		9 BALTIMORE CITY O	R COUNTY OF DEATH	Н	
ž	B	ALT., MD	USA	WIDOWE	D WEVER MARRIED U	BAITIN	108t CIT	V	MD.
5	/ Ci	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE	120, 1711	D OF BUSINE	-
	1	SACTIMORE	UNIV. MI	108F	TTAL	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUST	RY	
5	13a S	MD BA	OTHER INSTITUTION GIVE RESIDENCE TY  TO		YES NO D	13e. STREET ADDRESS	DALK A	2120 It.	2.2
1	14. FA	CARL "	A. HAK	ISAS	15 MOTHER'S MAIDEN NAM	WIDDIE	B	LAST /	
	16a. V	VAS DECEASED EVER IN U.S. ARA		SECURITY NO	17 INFORMANT	ADDRE	SS		
•	/	(IF YES, GIVE	WAR OR OATES)		CARL A. H.	ANSEN &	s. Sam	eas13	30
	NO	18. CAUSE OF DEATH. Enter only PART I. DE ATH WAS CAUSED AND IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CON  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	SEQUENCE OF	luve 2 heart fa 2 heart d NOT RELATED TO THE TERMI	LISECUSE NAL DISEASE OR COND	BETW	ROXIMATE INTER- EEN ONSET AND L	DÉATH.
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU	DINGS USED SES OF DEATH NO	H?
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART	2)	1
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME, STREET, FACTORY, C		211 LOCATION STREET	CITY OR TOW	VN COUNTY	51.	ATE
		22a.1 certify that (1) (the haspite sow the deceased alive an above (1) (we) (did) (did not)		19 <u>82</u> , of	hat in (my) (our) apinion di	eath occurred on the do	te and hour and from		
		THE PHYSIMIAN'S NAME IMPEOR	· OH, w		ATTENDING PHYSICIAN	MEDICAL STAF	F. / Pal	1982	>
		THRATOR	on		220 ADDRESS WWW. MD	thospital	BALTIN	bet N	D
	23a B	urial, cremation, removal urial	23b DATE 8/19/1982		emetery or CREMATORY  vn Cemetery	23d LOCATION CITY OR TOWN Baltimor	се Ма	ryland	ATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

attending physicion.

etained by the hospital

injury, or other troumatic event,

IMPORTANT: If them 21 is marked at them 18 shaws

24 FUNERALDIRECTOR
Walter Brooks Bradley Inc. Dundalk Md

250 DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE

ATTENDED TO SERVICE OF THE PROPERTY. STATE OF THE STATE a to the way of the way of the - Lewis J. Troad

requires that the death certificate

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€.	13		15
1		W	
-	-		B
		1.5	

may be

completely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 hours after death

Pages 1

injury, or ather troumatic event, the

MPORTANT: If them 21 is marked ar them 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban-papers. For with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval.

FOR STATE

# STATE OF MARYLAND

2 REG. NO	2	0	4	5	-
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		REGISTRAR			CERTII	ICATE OF DEATH	REG. 1	10.		
		EASED NAME FIRST	MIDI	DLE	·	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	26. HOUR
		PRENTIC		MOND		ARDESTY		8	282	750 AM
1	3 SEX	MALE	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS MIN
		/ K/ALLE	CAL	CASIAN	Ja	n. 14, 1903	19	YRS.		
-	7a BIR	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	_	and the same of th	
4	-	Missouri	USA		WIDOWE	/ `	BALT	C	TY	MD.
	10. CIT	TY OR TOWN OF DEATH		SPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
3		Baltimore	SINAI	HOSP			ENGINEE!	(Rese		Martin Mar
1	130. S	L RESIDENCE (IF NURSING HOME OF		VE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	6	EMD		Baltimon		YES 🖟 NO 🗌	1313 F	RAMbe	boom la	.Rd
~	14 FA	THER'S NAME	MIDDLE	TAST		15 MOTHER'S MAIDEN NAM	MIDDLE			
		Information No	t Availab	ole		Willa	Mae		Not Av	ailable
	16a. W	AS DECEASED EVER IN U.S. AR		b. SOCIAL SECUR	ITY NO.	17 INFORMANT	ADD	RESS		urrante_
	[4]	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	213.16	45947	Mrs. Kathryn	S. Hardes	- tv = = =	ame as #	+ 13
d	-					THE TRUTTE YELL	p. Haracs	-y 30		CIMATE INTERVAL
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE				dema			SETWEEN	ONSET AND DEATH
	-	IMMEDIA	TE CAUSE (o)	erebra	1 6	Signicy				
9		1919	DUE TO, OR	S A CONSEQUEN	NCE OF	4 1				
		Conditions, if ony, which	( (b) }	ulmonar	4	embolus				
		gave rise to immediate cause (a), stating the	DUE TO OR A	S A CONSEQUEN	NCE OF					
Ц		underlying cause lost.	( 10	glioblas	form	C.				
		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COI	NDITION G	IVEN IN PART 1	10'
	NO									
01	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
1	Ĕ	7-16-82	Bra	in tum	or		YES T NO TO		TIFYING CAUSES YES	S OF DEATH?
-	2	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR				
7		OR CONTRIBUTING CAUSE OF DE		MONTH DA						
	MEDICAL	(IF EJTHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	P.M. 21e. PLACE OF	BLUIDY	19	211. LOCATION				
	WE	WHILE NOT WHILE		I, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TO	)WN	COUNTY	STATE
d		AT WORK AT WORK								
	2.4	220.1 certify that (I) (this hasp	-At-	deceased from	- 1	19.				that (I) (we) last
		saw the deceased alive or above, (1) (we) John) (did no	it) view the body of	ter death.	, 01	nd that in (my) (our) opinion o	death accurred on the	date and ha	or and from the	couses stated
		22b. SIGNATURE	0	,		DEGREE			22c. DATE	SIGNED
		Dam	Sun	dung	M	9 85 ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 📈	Aug.	2. 1982
		22d. PHYSICIAN'S NAME (TYPE O		1		22e ADDRESS	11			
		SAM	SYDNE	Y		% SINAI	HOSPITA	4		
	23 <b>o</b> . B	URIAL, CREMATION, REMOVAL	23h. DATE	23c N.	AME OF C	EMETERY OR CREMATORY	23d LOCATION	14.12		
	(5	Burial	8/4/82			d Memerial Par	CITY OR TOWN	A Santifornia	COUNTY Marvla	STATE 44444
			1 0/ 1/02	, ITIOI	Lail	a memorial bar	LN Daill	HOLE.	W. Mar Ars	III

DHMH-16 60M 1.73

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician.

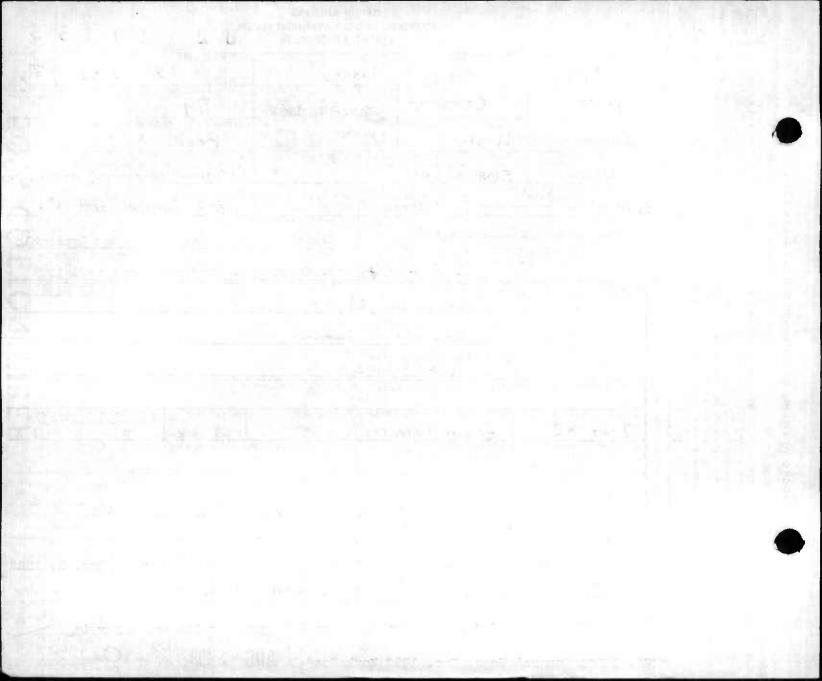
(VR A 15 (4))

24 FUNERAL DIRECTOR

ADDRESS Ruck Towson Funeral Home, Inc. 1050 York Road

1 Park Baltimore Mayvland 1126 Date REC'D. By REGISTRAR'S SIGNATURE

AIIC = 3 1982



ge 4 may be	ctor, page 3 i after death
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complitively filled in by the apparance director, name about the detached for use as the burial-transit permit. Then passes remove curbon popular Pages 1 and 2 should be filled within 32 moving the desir, with the State Dept. of Health and Mental Hygiene prior to lawfull, crematical, or removal.
ithin 24 hours	ly filled in b hould be filed
be executed w	and complete
ath certificate	ding physician rbon papers. P , or removal.
res that the de	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please empor curtion popular with the State Dept. of Health and Mental Hygiene prior to burial, cremetted, or removal.
The law redun	has been signe simit. Then pla ne prior to four
PHYSICIAN: ig physician.	this certificate urial-transit pe Mental Hygiei
TO HOSPITAL OR ATTENDING PHYSICIAN etained by the hospital or attending physician.	CTOR: After in use as the but
PITALOR A	ERAL DIRECT TO State Dept. o
TO HOS	TO FUN should be

IMPORTANT: If Item 21 is marked or Item 18 shows are injury, or

DHMH-16 25M (VRA 15, 4) 1/79

## STATE OF MARYLAND STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. NO.	2	0	5	-
	The second second second				_

DECEASED NAME FIRST		MIDDLE	LAS	ST		2a. DATE C	F DEATH	HTMON	DAY	YEAR	2b. HOI	
Kenne	th	R.	H an	rding				8 6	5	82	33	P
SEX	4 RACE		5 DATE OF		15.00	& AGE (IN	EARS LAST GIRTH	IDAY}		RIYEAR	# UNDE	-
Male	White		MONTH 3	DAY.	OLL		78	YRS.	MONTHS	DAYS	HOURS	MIN
BIRTHPLACE (STATE OR FOREIGN	7% CITIZEN OF	WHAT COUNTRY?	A APPLED	□ NEVER A	AAPPIED	1 BALTIMO	ORE CITY OF	COUNT	Y OF DE	ATH		
Baltimore, Md.	U. S	. A.	WIDOWED		VORCED		Balt	imore	e			м
CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INST	ITUTION		OCCUPATION OF THE PROPERTY OF	N	12b:	KIND O	F BUSIN	ESS O
Baltimore		N. Charle					ired	WORKING!	INC.	OSIKI		
UAL RESIDENCE IN NURSING HO			E ADMISSIONI	13d. INSIDE C	ITY HAAITS?	13e. STREET	ADDRESS					
Maryland		Baltimo		YES TO	NO 🗌	130	4	lst S	tree	et		
FATHER'S NAME	MIDDLE	LAST			MAIDEN NAA	ΑE	MIDDLE			LAS		
Louis	······································	Harding	7		nnie		model		Do	orse		
WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECT		17 INFORMA	INT		ADDRES	55		Coc	keys	77 i -
	WII	213-10-8	3811	Mike I	Harding	10581	Gater	ridge	Rd.		d. 2	
18. CAUSE OF DEATH (Ente	er only one cause per	line far (a), (b), an	nd (chi)					,		APPROXI	MATE INTE	DEAT
PART I. DEATH WAS CA	USED BY. DIATE CAUSE (0)	MYC	CART	DIAL	1131	FARC	7100				2115	
41ADmine	DIATE CAUSE (U)											
11011	D115 TO 0		ELICE OF									
Canditions if any which		R AS A CONSEQU	ENCE OF									
Canditians, if any, which	(b)_										-	
	DUE TO, O	R AS A CONSEQUE			+							
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Haltimore, Md. W.S. L. x ball one 3201 M. Unnyles St. Repired tenticolei . E 2011 x oroniiles Hartine Minnie ros VIII 213-10- 11 Mim Mardine 15581 Gayor dan Ma. de. 21020 Date of the state of the little of was amind along some street rates of the

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	4 0 4	1 2 /
	1. DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	JESSI	E	HAR	DY	AUGUST	12	1982	10:052
	3. SEX	4. RACE	5. DATE (	OF BIRTH	& AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	Black	6	30 15	67	YRS.	MONTHS DAYS	HOURS MIN.
H	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8		9 BALTIMORE CITY C		Y OF DEATH	
/	N,C.	USA	WIDOWE	DX NEVER MARRIED U	DATESTA	- T 07		
4	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO			BALTIMOR		TY 12b. KIND (	OF BUSINESS OR
3	Baltimore	(IF NOT IN SUCH FACILITY, GIVE			(TYPE OF WORK FOR MOST C	F WORKING L		
1	USUAL RESIDENCE (IF NURSING HOME O	THE JOHNS F	BEFORE ADMISSION	HOSPITAL				
7	Md. ISTATE	JNTY 13 CITY OR Balto	TOWN	134. INSIDE CITY LIMITS?	13e SIREEL ADDRESS 2223 E.	Biddl	e St.	
1	14. FATHER'S NAME	MIDDLE LASI	1	15 MOTHER'S MAIDEN NA	MIDDLE			5.7
	Thomas	Hardy		True	Mille		Darden	í
П	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS	NOTE OF	
	NO NO	239–12	2-2144	Macie Bell	Hardy 2223	E. F	Biddle S	it.
	18 CAUSE OF DEATH (Enter of	anly one cause per line for (a). (b	b), and (c)				APPROX	ONSET AND DEATH
1		anly one cause per line for (a), (b SED BY:	inmelia.	nony arrest			BE WEEN	ONSET AND DEATH
	11-36 MMEDIA			Di I as /				
1	100c	DUE TO, OR AS A CONS		4.11 h == 1		pitale		
1	Conditions, if any, which gave rise to immediate	(b) -41	mons	un bonnemen	ic concer			
1	couse (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF	0				
1	onderlying cause last	(c)						
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN PART 1	0.
	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING							
	M DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI	
					YES NO		ES	NO [
	210. ACCIDENT WAS UNDERLYING		DAY VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
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	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION				
	WHILE NOT WHILE AT WORK	( AT HOME, STREET, FACTORY, OF	FFICE, FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
		pital) attended the deceased fr	ram It In	044 10 87	- 10 12 Aug	ult	10 82	45 - 4 (1) (1) - 1 (1) - 4
	sow the deceased alive o		0-	nd that in (my) (our) apinion	,	,		that (I) (we) last
	obove, (I) (we) (did) (did n 22b. SIGNATURE	at) view the bady after death.		DEGREE	To an occorred an me de	ne and na		
	THE STORY OF THE		1	ATTENDING	MEDICAL STAF	F	22c. DATE	SIGNED
	Armyll	a	1	D PHYSICIAN [	DIRECTOR PHYSIC	IAN D	1 8/1	187
		PRINT)		22e ADDRESS	- 11	. 1		
	AFREIFELD			601 N. Broadw	24, Johns Hop	kins H	tosphol.	
	230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial	8/16/82	Mt. Au	burn Cem.	Baltimor	e,	COUNTY	3. STATE
١	24 FUNERAL DIRECTOR	4			TE REC'D BY REGISTRAR		TRAP'S SIGNA	ISING THE RESERVE OF THE PERSON OF THE PERSO

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR

IMPORTANT: If hem 21 is marked

Wm C March F/H

1101 E. Morth Ave.

AUG 1 3 1982 John & Court

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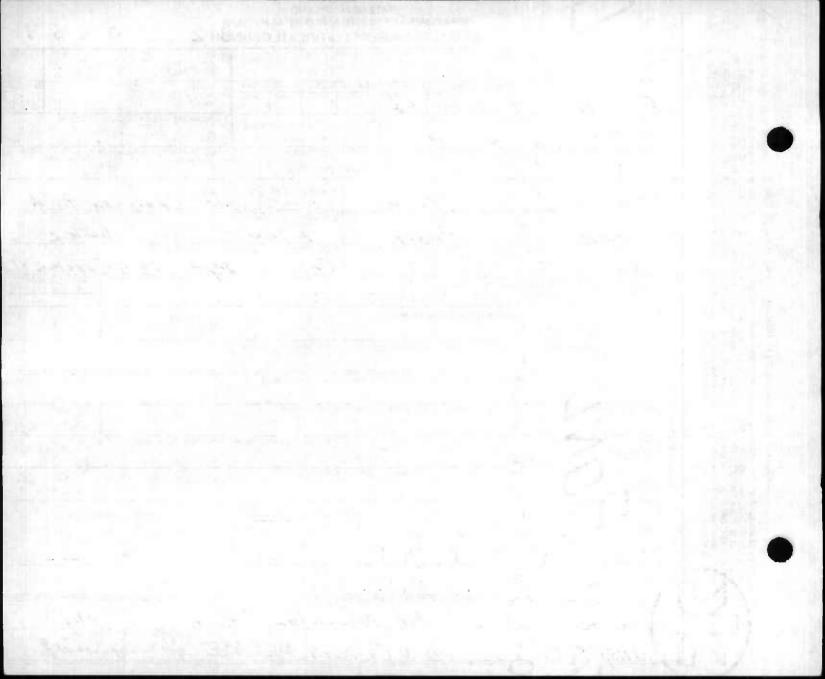
STATE OF MARYLAND

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STATE OF MARYLAND



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requires that the death certificate be executed within 24 haurs after death.

3	FOR 1 - STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND TOF HEALTH AND MENTAL HYGI ERTIFICATE OF DEATH	ENE 8 2 NO.	20461
death	1. DECEASED NAME FIRST (TYPE OR PRINT) JAMES 3. SEX		ARRELL	20 DATE OF DEATH MONT	5 82 5:06 AM
	Male	B lack	MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
	FORSYTH CO., S. C			BALTIMORE CITY OR CO	DUNTY OF DEATH
38	BALTIMORE	11. NAME OF HOSPITAL, NURSING HI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE WWWERSITY 5HO	OME OR OTHER INSTITUTION USES TRAMP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  PETTER	12b. KIND OF BUSINESS OR
35	BALTO MCCOUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMITY  13. CITY OR TOWN  Balto.	13d. INSIDE CITY LIMITS?	3°113ChATH	APT C 2 Am et #21207
and 2 s	Ellicott	Harrell	Febee FIRST	WIDDLE	LAST
Pages 1	160 WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1F YES. GIV	MED FORCES? 166 SOCIAL SECURITY 239-07-5428		ADDRESS 00 431 S. 41	h St. Mt. Vernon,N
been signed by the attending prior to be been so or prior to build, cremation, or any injury, or ather traumatic	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (C. L. S. P. C. L. S. P. P. C. L. S. P.	DUE TO, OR AS A CONSEQUENCE  (b) UNTO A CONSEQUENCE  (c) CONDITIONS CONTRIBUTING TO DEAT  AULINI  196 CONDITION FOR WHICH OPE	OF FIGURE AT THE TERMINE	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
ransit per Hygiene 18 shaws	NO THE PROPERTION CONTRACTOR TO THE PROPERTION CONTRACTOR TO THE PROPERTY WAS UNDERSTAND TO	21h TIME OF INJURY	IN HOW INJURY OCCURRE	YES NO	CERTIFYING CAUSES OF DEATH?  YES NO NO
the burial-th and Mental	OR CONTRIBUTING CALIST OF DEA  LETTINE NOTES ASSOCIAL EXAMINE  WHILE AND A STANDER  AND A STANDER  A WORLD  A WOOL		19 2H LOCATION	CITY ON TOWN	COUNTY SEASE
ached far use o	saw the deceased alive an	tol) attended the deceased from 19	and that in (my) lour opinion di	no 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19 L. that (II (we) last and have and from the causes stated  77L DATE/SIGNED
should be deta with the State [	OR PHYSICIAN'S NAME HITTO	COURCAL.	PHYSICIAN	DIRECTOR PHYSICIAN	1 1/2/00
_	Burial CREMATION REMOVAL	0/13/00	SVIIIe Vet. Cem.	Crownsville	
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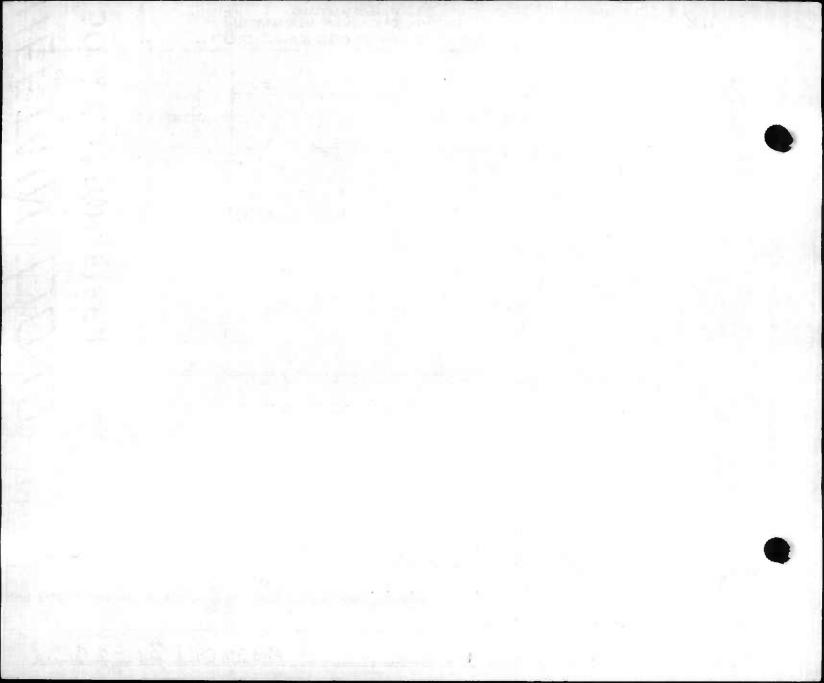
DHMH-16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician

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15M 2/80

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

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U	REG. NO.	(Fug	0

MONTH

DAY

75/82

20. DATE OF DEATH

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IF UNDER 1 YEAR

INDUSTRY

26. HOUR

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Triplett

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Railroad

event, 1 2

FOR

REGISTRAR 1. DECEASED NAME

FIRST

- STATE

(TYPE OR PRINT)

ö cremotion, 0 3 0 à TOR: After this certificate has for use as the burial-transit per of Health and Mental Hygiene Item 18 morked or FUNERAL DIRECTOR: 21 is should be detached with the State Dept. MPORTANT: IF 0 BP (VRA 15.4)

in be f ly filled should b popers.

RUBE HARRINGTON . SR 3. SEX 4. RACE DATE OF BIRTH LIN YEARS LAST BIRTHDAY 3/12/05 YEAR M ale Negro To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED by the funerall COUNTRY) USA Mississippi Baltimore City WIDOWED DIVORCED D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Maintenence St. Agnes Hospital Baltimore USUAL RESIDENCE (IF NURSING HOTE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 204 BirminghamStreet Louisville Winston NO [ Mississiopi 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDOLE Rosie Hughes Jacob ADDRES 5645 High Torr Hill 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Robert A. Harrington Columbia, Md. 21045 425-24-2345 No 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE A CONSEQUENCE O Preumonia DITATION Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (ye) (did) (did not) view the body ofter death 22b. SIGNATUI DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME LIYPE OF PRINT 22e. ADDRESS 0 0 230. BURIAL, CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY 23b. DATE Louisville (SPECIFY) 20,1982 Louisville Cemetery Aug. Burial 24 FUNERAL DIRECTOR M. & RUSSOLL C. Witzko Funeral Home 750 DATE REC'D BY REGISTRAR OF REGISTRAR

5555 Twin Knolls Road, Columbia, Md. 21045

MIDDLE

YES-

COUNTY

STATE

Winston

22c. DAJE SIGNED

DHMH-16 30M 2/80

HOSPITAL

VEHICLE Hotmes A. Harrin ton Columbia III. 24 ing 20, 32 Louisville Generally Toursville Signies Miles The Aller Control of the Control of netar, page 3

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TO FUNERAL DIRECTOR, After this certificate has been leganed by the uttending physican and a should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removed. IMPORTANT: If them 21 is marked or them 18 shares are interny or other transmark event, the

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certificate be executed within 24 hours

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or offending physician

DHMH - 16 50M 1/76 (VR A 15 (4))

1			S	TATE OF MARYLAND			
	1	FOR STATE		OF HEALTH AND MENTAL HYG		2 0 4	6 4
	' '	REGISTRAR	CEF	TIFICATE OF DEATH	REG. NO	2 0	, 0
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	26 HOUR
	(TYPE	ORPRINT) Action	iur Ha	MIC	0/21	182	930
	3. SE:			TE OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
	J 3E.	mal		ONTH DAY YEAR	-7	MONTHS DA	
57		111910	Black	6 12 25	0/	YRS	
71	₹6. BI	RTHPLACE (STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
5	-	md.		OWED DIVORCED	Palh	(1/1	A MD.
11	10. C	TY OR TOWN OF DEATH	11 NOW OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
4	/	Solta	IN SOCH FACILITY, GIVE STREET ADDRESS	/	(TYPE OF WORK FOR MOST OF		RY
4	A Company	AL DESIDENCE (LE NILIBEING MOMEO	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMS	034.	GROVA		
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0		na.	1501 to.	YES NO	2651 4	aureHo	2 HURS.
7	14. F2	ATHER'S NAME	MIDDLE / LAST	15. MOTHER'S MAIDEN NA	ME +ODA	,	1457
00	1	george	1 sleman	Edith	- HOUSE	1-10	Fri.5
1	18a. 0	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY N	O. 17 INFORMANT	A A ADDRE	55	10
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1		/ 3 1///	11 2/6-140	14x GOLLEN	married of	(6)	agigon
		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (c)	- 1	11 - 1 -	BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
			TE CAUSE (a) Carallo	Dulmone	114 1	1657	
		4100	DUE TO, OR AS A CONSEQUENCE O	DE /	1 /		
		Conditions, if any, which	( b) mype	ridial lux	antien	1	
}		gave rise to immediate	)	/	- Ur		
-		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE O	OF /			
( )			(c)				
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	)ITION GIVEN IN PART	11(a
	CERTIFICATION						
n	5	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	
1	E		4		YES NOT	YES 🗌	NO 🗍
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		AT WORK - AT WORK -		110 0	2 0/2	0	
	1	PARCELL STORY OF	nital) arranded the deceased from	10 19 0	10 0/1	19_0	that (I) (we) last
		sow the deceased alive or above. (I) (with did) (did in	of view the body offer death.	and that in (my) (pur) opinion	death occurred on the do	te and have and from t	the couses stated
		226. SIGNATURE	87	DEGREE		22c D/	ATE SIGNED
		me	remonder 1	ATTENDING PHYSICIAN [	MEDICAL STAF		
-1	1	774 PHYSICIAN'S NAME (TVI)	de spinits	171 ADDRESS	T DWELLOW FT LUISIE	18098	
/		Mana					
		mages	Gebremarian	7			
	230	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23e NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	M COUNTY	A / STATE A
		Surial	8-26-82 Crow	nsville V.A. Cen		me Brunk	el Mid
	24 5	UNERAL DIRECTOR		669-1738 250,00	E REC'D-BY BEGISTRAR	I GISTRAR'S SIGN	URE A
	C	sulfon C. N.	onglines 10,12 /6	AU AU	623 1982	Joungh.	iskuly
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	12	j-	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H IER'S CERTIFICATE O		4 6 5
	/	1. DE	CEASED NAME FIRST	WIDDEE	LAST	20 DATE KNOWN [X] MONTH	DAY YEAR 76. HOUR
	S & S & F.	{ I YF	EDGAR	STANLEY	HARRIS	DEATH MATED 3	18 19 82 M
	S NECSSARY PEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. MITHER TO NETREET.	3 SEX	4. RACE	5. DATE OF BIRTH 6. AGE (IN YEAR LAST BIRTHD)	ARS IF UNDER 1 YR. IF UNDER AY) MONTHS DAYS HOURS	24 HRS. 2t. DATE MONTH MIN PRONOUNCED DEAD 8	DAY YEAR 2d HOUR 10:41
	ARY OLI OLI OLI OLI OLI OLI OLI OLI OLI OLI	7- 0	RTHPLACE (STATE OR	1/8/15 67 YE	RS.	9. BALTIMORE CITY OR COUN	18 19 82 a M
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	S N S N S N S N S N S N S N S N S N S N	10. C	Alabama TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME		Baltimore Cit	Y MD.
	PAGE PAGE		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Harbor Tunnel		FOR MOST OF WORKING LIFE) Principal	or INDUSTRY School
21201	IF ANY DELAY IS N AND 3 TO THE FI S. RETAIN PAGE 5 SHOULD BE FILE SECORTS 20	13a S	AL RESIDENCE (IF IN NUR DOME OF TATE OUNT	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSM TY  13c. CITY OR TOWN  Hamilton	ON)  13d. INSIDE CITY LIMITS?  YES NO N	13e. STREET ADDRESS	70
D. 2	2. S. A.	-	ATHER'S NAME	THATTILLOTT	15 MOTHER'S MAID	EN NAME	12
E, M	SES 1, A PM AND 3	1	John	MIDDLE LAST	FIRST	WIDDLE	LAST
IMOR	- C	16a. V	VAS DECEASED EVER IN U.S. ARA ES. NO. OR UNKNOWN) (IF YES, GIVE V			eanor G. I	McWhorter
SALTIM	JIRS AFTER S. GIVE PA WITH FOR DIVISION		No	418 01 93	54 Maddox-	Page Funeral Hon	
ST.,	0 1 0 2 mg .	>	PART I DEATH WAS CAUSED	ly one couse per line far (o), (b), and (c).)  OBY: TE CAUSE (o) SMOKE INHALA	ation and thorm	al injury	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRES	WITHIN NCIL IN INER A RANSIT ITAL HY R REMO		Conditions, if any, which gave rise to immediate	(b)			
OF VITAL RECORDS, 201 W. PRESTON ST			couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE O	OF		
DS, 2	당을 때문 것은		PART 2 OTHER SIGNIFICANT CONDITIONS C	(c)CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	IINAL OISEASE DR CONDITION GIVEN IN PA	RT 1 (a)	
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IL RE	TATE A	1 5	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20 AUTOPSY?
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SION	SHE OF SHE	NO	CONTRIBUTING CAUSE OF D	DEATH ? P.M. 8-18- 1982	2 Occupant in	auto trapped betwee	
DIVISION	RITIN REITIN ROED SE 3 S	WE .	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	convocato trailer & c	
	STATE OF STATE		AT WORK	Harbor lunnel		Balto.	Md.
	A S S S S S S S S S S S S S S S S S S S			e of the remains described above, held on	Autopsy X. Inspectio		pinion
	REC BE	1	death resulted from Nature	ral causes , Accident , Su	icide , Hamicide .	Undetermined manner,	
	# # # # # # # # # # # # # # # # # # #		ACTUAL //	agen.	M.D. Assistan	TATE DATE SIGN	8-18-82
	TO MEDICAL EXAMINER: THIS CERTIFICATE SIS EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH  BAUTIMORE,  A D 21201 PR OR TO BU	1	EXAMINER'S NAME AN	nn M. Dixon, M.D.	ADDRESS 111	Penn St., Balto., M	1d. 21201
	PAT PAT —	23a. B	URIAL, CREMATION, REMOVAL 2		METERY OR CREMATORY	23d LOCATION	UNTY STATE
	BP		Removal	8/20/82 Mountai	in Hill	Harris County,	GA STATE
	DHMH - 17 (VR A15 ME (5))	24. F	NAME Henry	W. Jenkins & Sons Balto., MD 212	CO. 250 DATE	REC'D. BY REGISTRAR 256. PESISTRAR'S	SIGNAPURE CAMELY
	20M 4/B2	4	SUS TOIK RUAU	Datto., MD 212	AL AL	00 60 1000	<u> </u>

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11-	FOR STATE REGISTRAR			STATI DEPARTMENT OF H DICAL EXAMINE		ND MENTAL	5.2	rh 2 REG.	20	4	6	6
	CEASED NA/ E OR PRINT)	ME FIRST	R.	Harr	is.		20	OF ESTI- DEATH MATED	×× монтн □ 8-7	7-82 <sub>1</sub>	YEAR 9	2b. HOUR
Fer	male	4. RACE Black	5. DATE OF BIRTH MONTH DAY 9 17	30 6. AGE (IN YEAR LAST BIRTHDAY YEAR	MONTHS	1 YR. IF UNDE		c. DATE RONOUNCED DEAD	8-7	7-82	YEAR	A HOUR
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Ba	ty or town	e	(IF NOT IN SUCH FA	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) MORIAL HOSDI	tal	NSTITUTION	Dire	ost of working life)	TYPE OF WORK	12b. KINE	D OF BU	SINESS RY Tate
13a. S	Md.	E (IF IN NURSING HOME OF	PLTS.	13c. CITY OR TOWN TOWSON	13d.	INSIDE (ITY LIMITS?	x 320	E. Penn	sylvan	ia A	ve.	
14. FA	James	AE .	MIDDLE	Morris		MOTHER'S MAII Dianna	DENNAME	MIDDLE	Jo	hnsoi	ast <b>n</b>	
16a. V (Y	VAS DECEAS	ED EVER IN U.S. ARM		166. SOCIAL SECURITY		homas H	arris,	320 Pen		., T	owso	Md.
NOI	gave cause ( lying co		(c)ONTRIBUTING TO DEATH	AS A CONSEQUENCE OF	IAL OISEASE OR (		PART 1 (a).					
CERTIFICATION	19a. DATE C	OF OPERATION	19b. CONDIT	TION FOR WHICH OPERA					JTOPSY?			
	UNDERLYIN	IAL CAUSE WAS  IG OR  TING CAUSE OF D		MONTH DAY YEAR	21c. HOW	NJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM	A 18 PART 1 OR PA	ART 2)		
MEDICAL		OCCURRED  NOT WHILE  AT WORK		OF INJURY (AT HOME, FORY, FARM, ETC.)	21f LOCAT STREET			CITY OR TOWN	co	VINUS		STATE
	220. I cei deoth resu ACTUAL SIGNATURI EXAMINER' (TYPE OR PE	S NAME	e of the remains des	Accident	ide (),	Inspect Homicide  TITLE (SPECIFY) Assistar	Undeter	Inquiry, mined manner  CAL EXAMINER	and in my a , DATE SIGN	pinian 2-8-8	32	
7		ATION, REMOVAL 23		23c. NAME OF CEM		EMATORY)	23d. 100 City of		Bel EGISTRAR'S	SIGNATU	) IRE	ATE
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Chorac linearing of the man, concern,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTER DEATH. IF ANY DELAY IS NECESSAINTETHE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE FAGES 1.2. AND 310 THE FINERAL 18. AS HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINERS ALONG WITH FORW PM. SETAIN PAGE 5. FOR THE NERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES IN DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES IN SHOULD BE FILED DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVINGOUR ON INTERPECTOR IN THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVINGOUR ON INTERPECTOR IN THE STATE DEPARTMENT.
DIVISION OF VITAL RECORE	EDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EX THE THE CERTIFICATE, WRITING THE WORD "PENDIN A SHOULD BE FORWARDED TO THE CHIEF MEDIC NERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A DEATH, WITH THE STATE DEPARTMENT OF HEALTH A

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/ )	FOR STATE				LTH AND MENTAL H	Pa 15 PA	0 167
10	REGISTI			EXAMINER	S CERTIFICATE C	FDEATH Z REG. NO	. 0 % 0 /
	1. DECEASED		MIDDLE		LAST	OF ESTI-	MONTH DAY YEAR 26. HOUR
2000		ETHE	L AUGUSTA	CREWS	5 HARRIS	DEATH MATED	8 18 19 82 M
30298	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER		MONTH DAY YEAR 12d HOUR 10:41
20000	F	l w	8/2/22	60 YRS.	MONTHS DAYS HOURS	PRONOUNCED DEAD	8 18 19 82 a M
SSTIE	Te. BIRTHPLA		76. CITIZEN OF WHAT COL	INTRY? 8.	ARRIED X NEVER MARR	9. BALTIMORE CITY OF	
일을 오른 S	OREIGN CO	ansas	USA		DOWED DIVORC		ity
SHEET STAN		OWN OF DEATH	11. NAME OF HOSPITAL, N		OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE	OF WORK 12h KIND OF BUSINESS
A HARBA	D-14		(IF NOT IN SUCH FACILITY, GIVE			FOR MOST OF WORKING LIFE) Homemaker	Own Home
A S S S S	SUAL RESID	imore	Harbor Tu	CE BEFORE ADMISSION)			TOWN HOME
ASSES S	30. STATE	· COU		TY OR TOWN		13e. STREET ADDRESS	170
TANK T	George 4. FATHER'S			amilton	YES NO I	Route 1, Bo	X 1/2
E-208/1	FIRS	1	MIDDLE	LAST	FIRST	MIDDLE	LAST
35 × 36/9	Will	. iam L. CEASED EVER IN U.S. AI		ocial security NO		LU	Page
# 5555 3			E WAR OR DATES)				
A HANN	No			26 8198	Maddox-	Page Funeral H	
18. W. K.	18. CA	PT I DEATH WAS CALISI	nly one couse per line for (o), (				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ERA FERA AL		212 I IMMEDIA	ATE CAUSE (0)Smoke		on and therma	al injury	
JER ALC ANSIT P AL HYG REMOV			DUE TO, OR AS A CO	DNSEQUENCE OF		,	
A A A A A A A A A A A A A A A A A A A		enditions, if any, which					
WAIN WAIN OR		use (a) stating the <u>under</u> ing cause last.	DUE TO, OR AS A CO	INSEQUENCE OF			
NI EXA	<u> </u>	ing coose lost.	(c)				
A S S A S S E	PART 2	OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT HOT RE	LATED TO THE TERMINAL D	DISEASE OR CONDITION GIVEN IN PA	RT 1 (a).	
SAA	Z						
OULD BE EX "PENDIN IEF MEDIC SED AS A E F HEALTH /	19a. D/	ATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?
SSE325	E						YES X NO
ERTIFICATE SHOWN THE COUNTY OF THE COUNTY SHOULD BE REPARTMENT OF THE COUNTY OF T	21a. EX	TERNAL CAUSE WAS	216. TIME OF INJURY		It HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PA	
A HILL OF HEAD		RLYING OR RIBUTING CAUSE OF	HOUR A.M. MONT		Occupant in	auto trapped bet	ween tractor-
CERTIF TING DED TO DEPAR TI PRIG		JURY OCCURRED	- 21e PLACE OF INJUR	RY (AT HOME, 21	LOCATION		o suprdrail
WRITII WRITII WARDEI AGE 3 ATE DE	WHILE AT WO		STREET, FACTORY, FARM		STREET	Balto.	a guardiali. STATE Md.
STA STA	AIW	ORK AT WORK	Harbor T	unnet 1			Md.
A A SE	220	. I certify that I took cho	ge of the remains described a		utopsy LX Inspectio	n . Inquiry . ond	іп ту оріпіоп
MER DE	death	resulted from: Nati	urol couses	Y Suicide	, Hamicide	Undetermined monner,	100
EXA CERT CERT OLLD E DIRE	ACTU	, L	00		TITLE (SPECIFY)		DATE
EDICAL EXA TE THE CERT A SHOULD B NERAL DIRE DEATH, WIT AORE, MARY	SIGNA		AXXX		M.D <u>Assista</u> r	MEDICAL EXAMINER	SIGNED 8-18-82
NA S A S S A S S A S S A S S A S S A S A	EXAM	NER'S NAME		4.0	111	Dolto	Md 21201
TO MEDI EXECUTE PAGE 4 TO FUNE BALTER DE	(TYPE	OR PRINT)P	nn M. Dixon, I			Penn St., Balto.	, Mu. 21201
E S T S G T	23a BURIAL, C	REMATION, REMOVAL			RY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP		moval		Mountain		Harris Count	
DHMH - 17	24. FUNERAL NAME	DIRECTOR Henr	y W. Jenkins	& Sons	Co. 250. DATE	REC'D. BY REGISTRAR 1256. REOTS	TRAR'S SKISHATURE
(VR A15 ME (5))	4905	York Road	d Balto., M			100 20 1904	~~~
DHMH - 17	24. FUNERAL	DIRECTOR Henr	y W. Jenkins	& Sons	Co. 25n. DATE	REC'D. BY REGISTRAR 1256. REOTS	

CONTROL AND THE CONTROL OF THE CONTR Televisia and the State of the dilling Lactions Seems, St. Miles La Parts II . 14 28 8166 | MaddoxePage Funeral Home, CO.N. Command State Country, 191 

MPORTANT; If them 21 is marked at them 18 thaws any injury, ar ather traumatic event, the

DHMH - 16 50M 1/81 (VRA 15, 4)

fre death

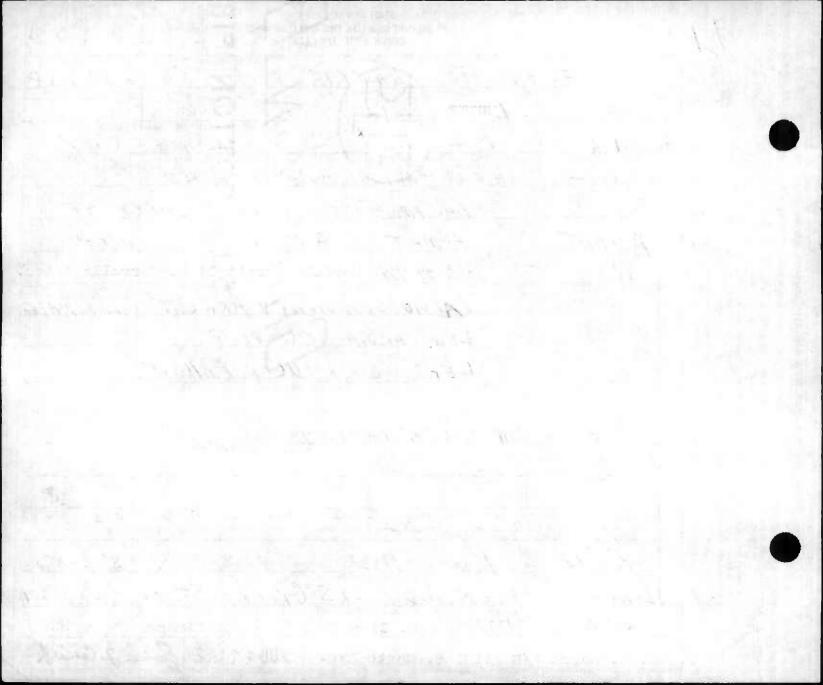
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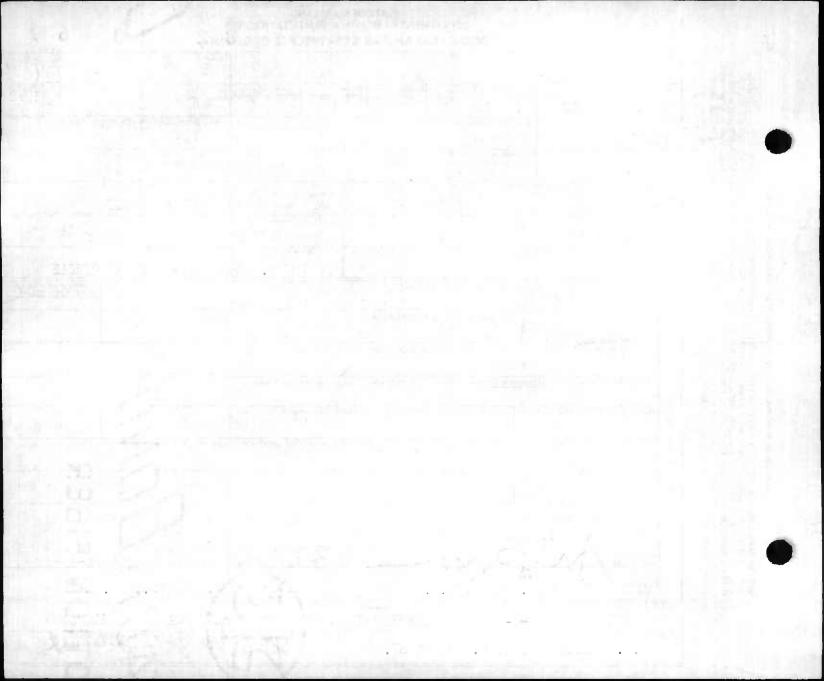
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	
DEC NO	
	REG. NO.

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lim	U	ang	O	U

	REGISTRAR		CEKTIFI	ICATE OF DEAT	п	REG. NO.	A.M	
(TYPE	CEASED NAME FIRST OR PRINT) EVEL	YN F.	HA	RR15		TE OF DEATH MONTH	06 82	26 HOUR 8:06 PM
3. SEX	EMALE	4. RACE WHITE	S. DATE O		25 A AGE	(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Au	STRAI A	76. CITIZEN OF WHAT COUNTY	MARRIED		ED 🗐	BALTIMOR	E CIT	MD.
B	ALTIMORE  RESIDENCE (IF NURSING HOME ORG	ANIV. OF	MARYU	AND HOS		GUAL OCCUPATION OF WORK FOR MOST OF WORKIN AMOST ASSESSMENT		F BUSINESS OR
13a S	TATE 136. COUNT	TY 13c. SITY OF	TIMORE	13d. INSIDE CITY LIA YES NO [	12/	S N CAN	REY 5	7.
16a W	A HAT  A DECEASED EVER IN U.S. ARM	AFD FORCES? LIAN SOCIAL	MAT SECURITY NO	AIRST /	nelA	ADDRESS	USOT	5
		WAR OR DATES) 213-	34-9641	Muriel	Barret		arrollt	on Ave.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED MMEDIATE	y ane cause per line far (a), (b) BY:  E CAUSE (a)	(b), and (c)	MONE	ARY/	4KREST	APPROXIVE BETWEEN C	MATE INTERVAL DISET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	CARD	MAC O	UTPU	FAMUR	-	
ATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION						
CERTIFICATION	08-06-82	LÍNSTABLE 216 TIME OF INJURY	ANGINA	H/CORONAL	Y ARTOCKS		YES, WERE FINDIN	
MEDICAL O	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	H DAY YEAR					
MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this haspite saw the deceased alive an_abave, (1) (we) (did) (did nat) 22b. SIGNATURE	8-6	19 <u>82</u>	d that in (my) (aur) c	pinian death ac	courred an the date and I	naur and fram the c	
	22d. PHYSICIAN'S NAME (TYPEOR)	A. Keve	z M	ATTENE PHYSIC	DING MEDI	CAL STAFF	8-6	S2
	LINDA J.	REVER,	MD.	2250	-REEL	VE ST. K	ACTO. ME	2/201
(:	URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 8/11/82		on Cem.	TORY 23d.	Baltimore	COUNTY	MĎ
	MERALDIRECTOR  M. C. March I	F/H 1101 E	North		AUG 1	1 1982	ISTRAR'S SIGNATI	JRE will





DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

230. BURIAL, CREMATION, REMOVAL

23b. DATE

	REGISTRAR	•	CERTIFICATE OF DEATH	REG. NO.	
	PECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
用 )	ROBE	RT	HARRIS	8	10 82 1.001
3. S	EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 H
- "	Male	White	5 11 33	49 YRS	
500	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	
5	Maryland	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Dall-image Of	ty
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS
7	Balto.	Union Mem. Hos	sp.	(TYPE OF WORK FOR MOST OF WORKING Painter	Self-employ
130	UAL RESIDENCE (IF NURSING HO . STATE Md .	NTY 13c. CITY OR TOW Balto.		13e STREET ADDRESS 814 W. 37th	St.
14.1	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		
4	Richard	Harris	Grace	WIDDIE	LAST
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 213-30-66		ADDRESS 81 a J. Harris Ba	4 W. 37th St. Ito., Md.
	18. CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), one	d (c), i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0) Canal		an Amet.	
	57/2	DUE TO, OR AS A CONSEQUE	NCE OF	inel bludin	
	Conditions, if ony, which	( b) Upper	agetro intest	inel bleedin	e - Fush
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
	underlying couse lost.	(c)	Alcoholie a	inhosis, hepatic in	ceptalgretty - Ser
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART 113
NOIL		sypoglycaen			
CERTIFICAT	19a DATE OF OPERATION	FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  1FYING CAUSES OF DEATH?  1ES NO
<b>4</b> 8	210. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
4.8	OR CONTRIBUTING CAUSE OF DE	ALIA .	19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	AT WORK NOT WHILE	(Al Home Street, Factors, Office, Fa	Man, Cici		
	220 I certify that +++ (this hosp	ital) attended the decrased from	8 9 , 19 8	2,10 8/10/	, 19 8 9 , thot (we) I
	sow the deceosed olive or obove, the (we) (did) (did)	n 8/0 19	ond that in (hy) (our) opinio	n deoth occurred on the date and ho	our and from the couses stated
	22b. SIGNATURE	Λ Ο	DEGREE	UEDIC III	22c. DATE SIGNED
		A. Sirithan	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/10/8
/	22d. PHYSICIAN'S NAME (TYPE	ORPRINT)	22e ADDRESS		
	I A	VIKITHEIT			

(SPECIFY) Removal COUNTY STATE 8/10/82 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Anatomy Board Balto., Md.

231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

CITY OR TOWN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12b. KIND OF BUSINESS OR INDUSTRY
Self-employed

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

\_, that the (we) lost

1. ORAM

IF UNDER 24 HRS

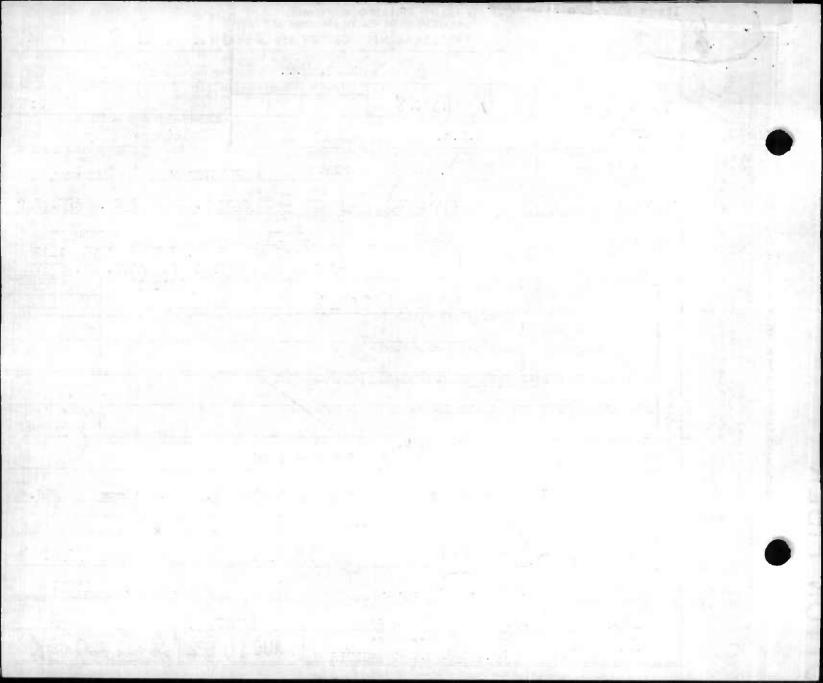
TO THE PROPERTY OF THE PARTY OF

1	= S1 RE		Di	EPARTMENT OF	HEALTH	AARYLAND I AND MENTAL CERTIFICATE		2 REG. N	2 0	47	1
		ASED NAME FIRST		WIDDLE		LAST	20 [	OF ESTI-			26 HOUR
3.5	FV	JAME:	5 DA\ 15. DATE OF BIRTH			IARRISON,		EATH MATED	1 8	25 1982	
	-	v v	5/9/51	YEAR LAST BIRTH			MIN. PRO	DATE NOUNCED DEAD	8	25 1982	24 HOUR 2:43 D M
70.	FORE	HPLACE (STATE OR GN COUNTRY) inginia	76 CITIZEN OF WHA		8. MARR	ED NEVER MAR	RIED 🔼	Baltimor			AAD
10.	CITY	ortown of DEATH	(IF NOT IN SUCH FACE	ITAL, NURSING HOALITY, GIVE STREET ADDRESS	AE, OR OTH	er institution	FOR MOST	OCCUPATION (TYPE) of WORKING LIFE) nt Maker	PE OF WORK	126 KIND OF E OR INDUS Woodw	TRY
130	STA	RESIDENCE (IF IN NURSING HOME TE 136 COUN aryland		RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Baltimo		13d INSIDE CITY LIMITS? YES NO	13e. STREET .	ADDRESS Clipper	Mi	ll Road	
		HER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIL		MIDDLE		LAST	
		James D	avis l	Harrison,	Jr.	Eliza	beth			ewster	
160	(YES	S DECEASED EVER IN U.S. AR NO, OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI 224 64 0		Bennett	Funera	ADDRESS		chmono	, VA
	T	8 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ly one couse per line f	ar (a), (b), and (c).)			tion			APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
)			IE CAUSE (0)			n complica	CION				
	ı	Conditions, if any, which		s a consequence	e OF						
	1	gove rise to immediate couse (a) stating the under-	(b)	S A CONSEQUENCE	- OF						
		lying couse lost.	(c)	S A CONSEGUENCE	. Or						
2		ART 2 OTHER SIGNIFICANT CONDITIONS	1-1	IT NOT RELATED TO THE TES	RMINAL OISEAS	E OR CONDITION GIVEN IN I	ART 1 (a)				
<b>→</b> §	}	90 DATE OF OPERATION	19b CONDITI	ON FOR WHICH OPE	RATION W	'AS PERFORMED?	_			20 AUTOPS	Y?
/ 1										YES X	NO 🗆
MEDICAL CERTIFICATION	Man and	10. EXTERNAL CAUSE WAS INDERLYING OR CONTRIBUTING CAUSE OF		NJURY MONTH DAY YEA	AR 21c H	OW INJURY OCCURE	ED (ENTER NATU	RE OF INJURY IN ITEM 18	PART I OR P	PART 2)	
MEDIA	TO TO	Id. INJURY OCCURRED  WHILE NOT WHILE [ AT WORK AT WORK	21e PLACE OI STREET, FACTO	FINJURY (ATHOME, RY, FARM, ETC.)		CATION	CIT	Y OR TOWN	C	OUNTY	STATE
			is of the semains descr	State of the state	Auton	sy X. Inspect	on []	. 🗀		pinion	
		death resulted from 1976	himal	1 5 /	ncide	, Homicide .	Undetermi Chief	ned monner , or	DATE SIGN	8-26	-82
730	E	death resulted from Who	A - (	Audeny D. J.	1	Homicide	Undetermi Chief MEDICAI	ned monner .	DATE	8-26	-82
7-730 R	BUI	death resulted from	mas D. Smi	th, M.D.	MEMETERY C	Homicide Hom	Undetermine Chief MEDICAL Penn St	EXAMINER ., Balto	DATE SIGN	8-26 d.21201	-82

Existingers in the State of the THE WAYE TO STATE OF THE STATE Car of Grad to the beautiful to the transfer of the transfer o

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REGIST	RAR				ID MENTAL HYGIE TIFICATE OF DE	44 55	REG. NO:	0	47	2
1 DECEASED			MODLE	Hartz	, M.D.	26. DATE K OF DEATH	NOWN MESTI-	ONTH D/	19 82	2h HOUR
3. SEX	4. RACE		1913 68 YE	AY) MONTHS I	TYR. IF UNDER 24 HRS	PRONOUNC DEAD	EED 8	3 5	82	5:43F
MARY	CE (STATE OR CAND	76 CITIZEN OF WHAT	.A.	WIDOWED )		Bal	timore	Cit	у	MD
Ва	OWN OF DEATH  1timore		N. Charles	s Stree	+ FC	SUAL OCCUPA OR MOST OF WORK			KIND OF BU OR INDUST	JSINESS RY
MARYL		VTY I	RESIDENCE BEFORE ADMISSION ISC. CITY OR TOWN BALTIMORE	13d. YE	sXX № □ 39		s CHARLES	ST.	, APT.	509
14. FATHER'S FIRS MICH	EL	WIDDLE	HARTZ		MOTHER'S MAIDEN NAM FIRST ESTHER	MID			E BHART	
160 WAS DE (YES, NO, O NO	CEASED EVER IN U.S. AR RUNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b SOCIAL SECURITY		NFORMAT <mark>ESTATE</mark> OFRED STEINN	MANN 10				
go cc ly PART 2	anditions, if any, which over rise to immediate uses (a) stating the undering cause last.  OTHER SIGNIFICANT CONDITIONS	DUE TO, OR AS	O A CONSEQUENCE O		ONOITION GIVEN IN PART 1 (0)					
196. D.	ATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPER	ATION WAS P	ERFORMED?				IO ALLE OF	
1 5								2	YES Y Y	NO []
O .	TERNAL CAUSE WAS  RLYING OR  RIBUTING CAUSE OF	21b. TIME OF IN HOUR A.M. A DEATH P.M.	MONTH DAY YEAR	foun	NJURY OCCURRED (ENTI 1d stabbed	ER NATURE OF INJU	RY IN ITEM 18 PART I			
CONT 21d IN		DEATH P.M.	MONTH DAY YEAR 0/5/16/2 INJURY (ATHOME, 14, FARM, ETC.)	four	nd stabbed	CITY OR TOW		OR PART 2}	YES XX	
VIOLET CONT 21d IN WHILL AT W. death	RLYING OR RIBUTING CAUSE OF UURY OCCURRED ORK AT WORK  L Certify that I took chars or resulted from: Natu	DEATH P.M. 21e PLACE OF STREET, FACTOR APARTIN	NONTH DAY YEAR  1NJURY (ATHOME, Y. FARM, ETC.)  MENT  bed above, held an	four 21f. LOCATI STREET 3900 Autopsy	N. Charles  N. Inspection  Hamicide  TILE (SPECIFY)	CITY OR TOW  St. Inquiry  determined man	Balt:	COUNTY  my opinio	YES XX	NO STATE
WHILL AT W. death	RLYING OR OR RIBUTING CAUSE OF JURY OCCURRED SORK AT WORK  I. I certify that I took charge resulted from: Natural Control of the control of t	DEATH P.M. 21e PLACE OF STREET, FACTOR APARTIN	MONTH DAY YEAR  5/19  INJURY (ATHOME.  Y. FARM, ETC.)  nent  bed above, held an  ccident , Su	four 211. LOCATI STREET 3900 Autopsy  M.D.	N. Charles  N. Inspection  Hamicide  TILE (SPECIFY)	city or tow	Balt:	COUNTY  COUNTY  MY OPINIO  DATE  SIGNED	YES XX	NO STATE
TO TO THE PROPERTY OF THE PROP	RLYING OR RIBUTING CAUSE OF JURY OCCURRED  ORK AT WORK  AT WORK  To resulted from: Note  NOTE OF THE N	HOUR A.M. A. P.M.  21e PLACE OF STREET, FACTOR APARTY  ge of the remains described by the sees	INJURY (AT HOME.  Y, FARM, EIC.)  ment  bed above, held an ccident , Su  Guard, M.D.  23c. NAME OF CEA  LOUDON F	four 211. LOCATI 3900  Autopsy  M.D.  ADD  METERY OR CR	ON Charles  N. Charles  Inspection Unc Hamicide Unc ASSISTANT  RESS 111Penn  EMATORY 134	city or tow  St. Inquiry  determined man  EDICAL EXAMI  Stree  LOCATION IT OR TOWN  LT IMORE	Balt:	COUNTY  COUNTY  COUNTY  COUNTY	YES XX 8/6/8	STATE  STATE



MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examines must be nathed TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the f should be detoched far use as the burial-transit permit. Then please remave carbon popers. Pages Land 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR

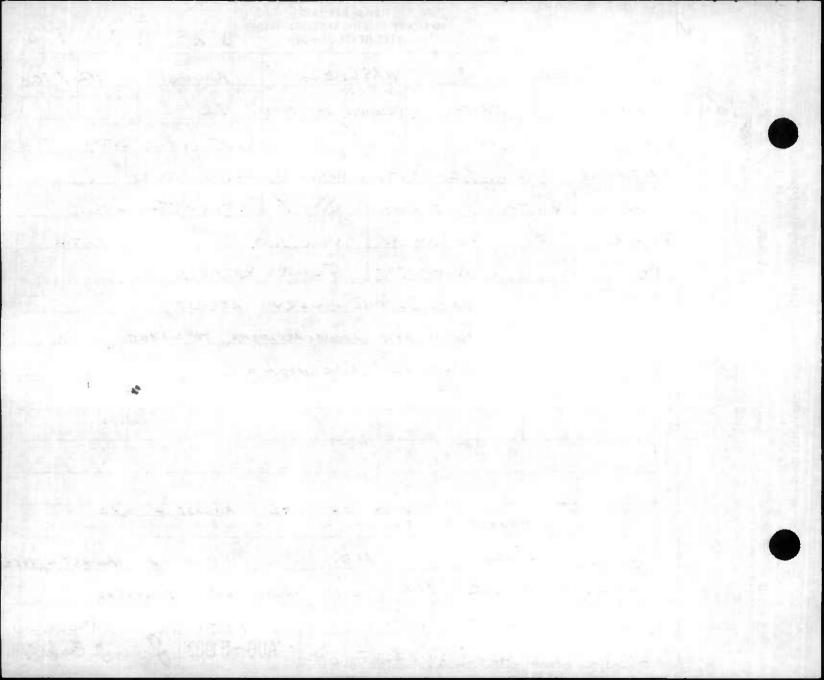
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			-		autt d	
8	REG. NO.	2	0	64	1	4
	KEG, NO.					

Ŀ	- STATE REGISTRAR		CERTI	FICATE OF DEATH	8	REG. NO.	2 0 4	1 3
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF	DEATH MONTH	DAY YEAR	2h HOUR
	JOSEPH	J.	HA	SLBECK	AU	AGUST	4 1982	7:20
1.58	X	4 RACE		OF BIRTH		ARS (AST BIRTHDAY)	MONTHS DAYS	
	MALE	WHITE	DECEA	4.	909 7:	2 YR		HOURS MIT
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8.		9 BALTIMOR	E CITY OR COUN		
m	COUNTRY)	115.0.	WIDOW	D NEVER MARRIED	, , , , , , ,	TIMORS	D	120
HO-CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,				CCUPATION		OF BUSINESS C
R	ALTIMORE	(IF NOT IN SUCH FACILITY, GIV	-	0 11000		FOR MOST OF WORKIN		
UsU,	AL RESIDENCE LIE NURSING HOM OR	OTHER INSTITUTION GIVE RESIDENCE	CE BEFORE ADMISSION	II HODE.	ARMO	O STII	1	
130 5	STATE	ITY I3c CITY O	DR TOWN	134 INSIDE CITY LIMI	/	- 1	0	
1 50	TO- BA	LTO IBAL	TIMORE	YES NO		9 ALTA	AV2	
-		MIDDLE	A51	15 MOTHER'S MAIDE	NNAME	MIDDLE	LA	ST
-	RANK F	· HASL	Bick	MADIL	Sai		Ro	TH
	VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b SOCIA	AL SECURITY NO.	17_INFORMANT		ADDRESS		
- (	DO	212	25 7735	FAMI	Ly RICO	209		
	18 CAUSE OF DEATH (Enter on	ly one couse per line for the			1,1,2		APPRO	ONSET AND DEAT
	PART I. DEATH WAS CAUSE	D BY		HLMONAR		EST	BETWEEN	ONSET AND DEA
z	PART 2 OTHER SIGNIFICANT C	107	ONIC NG TO DEATH BUT	CAR CIN		OR CONDITION	GNEN IN PART	o
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOP	SY? 20b. IF	YES, WERE FINDI	NGS USED S OF DEATH?
RTI						NO []	YES [	NO 🗌
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c HOW INJURY OF	CCURRED (ENTER NATU	ire of injury in Item	IB PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hospit		from JULY	24 , 19	72 , to AU	SUST 4	19 82	that (II (we) I
	saw the deceased alive on above, (1) (we) (did) (did not	AUGUST 4	19 <u>82</u> o	nd that in (my) (aur) ap	inion deoth accurred	on the date and h	hour and from the	couses stated
	22b. SIGNATURE			DEGREE			22c DATE	SIGNED
	Thomas S.	Mulhr		M.D. ATTENDI	NG MEDICAL AN DIRECTOR	STAFF PHYSICIAN	Augu	UST 4.
	22d. PHYSICIAN'S NAME (TYPE OF			22e ADDRESS				
	THOMAS S.	MILLER,	M.D.	GOOD SA	MARITAN	140	21741	
3n R	BURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATE			PITAL	
1	SPECIFY)	A S ICIAA	11 . S.L.A.	0 -	CITY OF	RIOWN	COUNTY	STATE
1	JURIAL JNERAL DIRECTOR	18-11-128,7	HOLY	KEDSEME	K BAL	TIMORE		1ARYLA
+ FL	NAME		DRESS & L	_ R 250	A PROPERTY	SISTRAR 25b. CE	ISTRAR'S SIGNAT	TUBE .
21	(ANS FUNERA)	- LHAPIL &	ROOHAR	FORD O.	UAA A	000	- mode	waich

DHMH - 16 50M 1/81 (VRA 15, 4)



STATE OF MARYLAND

	1.	STATE REGISTRAR		DEPART		ICATE OF DEATH	GIENE 8 2	2	0 4	7	4
		CEASED NAME FIRST E OR PRINTI		MIDDLE	11.	LSMAN	20. DATE OF DEATH		DAY YEAR	26 HOUR	
	1.58		4. RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24	4 HRS
d	Ма	le	White		100		63	YRS	MONIHS DATS	HOURS	MIN.
5	7a B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	2 8		9 BALTIMORE CITY		Y OF DEATH		_
П		country) aryland	U.S.A		WIDOWE	d Never married 🔀	Baltimor	e Cit	·V		MD.
É	10_C	ITY OR TOWN OF DEATH	11. NAME OF I		NG HOME C	Center INSTITUTION:	12a USUAL OCCUPAT	ION	126. KIND OI	F BUSINES:	
1	Ma	ryland Bal	ITY	Ide City or too Edgeme	WN	134 INSIDE CITY LIMITS?	3103 Gr	ace P	Road		
1	) "	Frederick	wkorr	Hausma	in	Edith	ALDOUE ALDOUE		Woo		
~		WAS DECEASED EVER IN U.S. AR	MED FORCES?	His SOCIAL SEC	URITY NO.	17. INFORMANT	ADDA	ESS 310	3 Grac	e Ro	oad
Ł	Ye	es W	II W	219-03	-0223	Irene Hau	sman	Bal	to., N	ID. 23	1219
	NC.	Conditions, if any, which gove rise to immediate course (a), stating the underlying course last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OF	ASCI	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	idition GN	VEN IN PART 110	6	_
7	CERTIFICATION	19s DATE OF OPERATION	1% CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	70s AUTOPSYT	IN CERTIF	S, WERE FINDIN FYING CAUSES		n
7		THE ACCIDENT WAS UNDERLYING. TO OR CONTRIBUTING. CAUSE OF DEA OF EITHER, NOTIFY MIDTON LEXAMINER	199	M. MONTH C	RASY YEAR	21r. HOW INJURY OCCUR	Total Street	4.	and the state of t		
	MEDICAL	214 INJURY OCCURRED  WHILE	21s PLACE (	DE INJURY BET FACTORY DEFICE.	F48M, \$75.0	ZII LOCATION	envolth 21	pan	count	J/A	n
		27s.1 certify that (I) this hosped sow the deceased alive an prove, (I) (we) (did) (did not 27s. SIGNATURE	wiew therefordy	19_			100	FF	THE RESERVE OF THE PARTY OF THE	5755	There's
		JULIAN	W.K	EED		6/15. C	HAS. ST	- BAI	40.M.	E. 212	-38
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STAT	TE

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR

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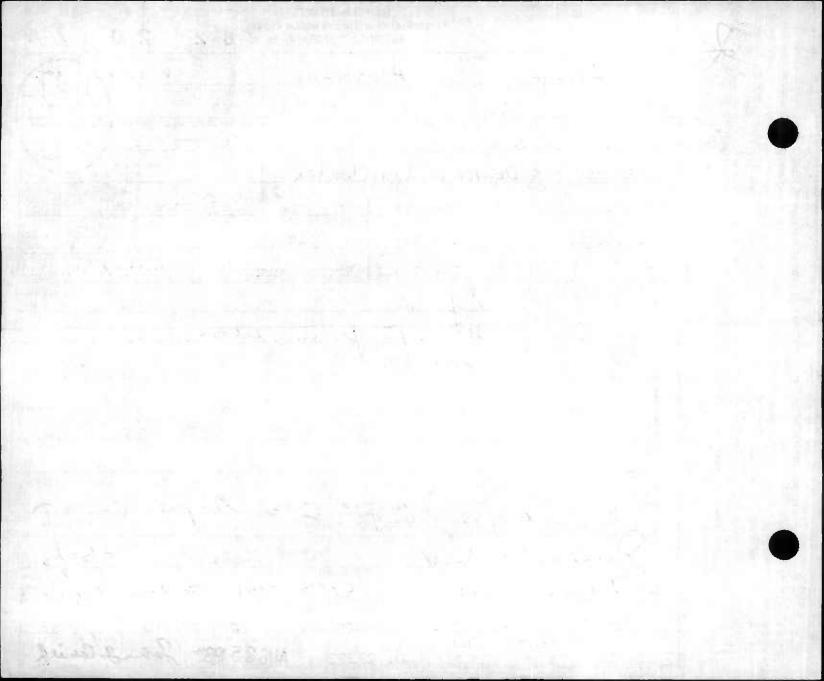
Crownsville

Crownsville

Burial 8/25/1982 Crownsvi

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1)	6)	
0	REG. NO.	Com	
	REG. NO.		

- STATE REGISTRAR				CERTIF	ICATE OF	DEATH	S RE	G. NO.	2 0	61		3
ECEASED NAME	FIRST		AIDDLE		AST		20. DATE OF DEAT	H MONTH	DAY	YEAR	26. HOU	IR
	ROBERT		LEE	HA	WES			08	29	82		P. A
EX	4. R.	ACE		5. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	RIYEAR	IF UNDER	
MALE		WHI	re.	MONTH 06		28		54 YRS		DAYS	HOURS	MIN.
BIRTHPLACE (STATE OR FI	DREIGN 7b C		WHAT COUNTRY?	8			9. BALTIMORE CI		-	ATH		
COUNTRY)				MARRIE	D NEVER		DATEM	DE CTU	v			
MARYLAND		U.S.					BALTIMO				M	
ITY OR TOWN OF DEA	TH III.		HOSPITAL, NURSIN H FACILITY, GIVE STREET A				12a. USUAL OCCU		12b. KIND OF BUSINE			288 OF
BALTIMORE 1831 LE		1831 LEMM	ON STREET			LABORER	}		CAND	Y CO		
AL RESIDENCE (IF NURSI		R INSTITUTION,										
	136 COUNTY	71.04	BALT IMO		13d. INSIDE C	NO	1831 LE		TREE	т 2	1223	
MARYLAND ATHER'S NAME			DALLIMO	KE		S MAIDEN NA		THION D	ткии	1, 2	1223	
FIRST	MIDD	LE	LAST			FIRST	MIDE			LAS	RMAN	
CHARLES	G.		HAWES			FRANNIE	I.		D	URTE	RMAN	i
WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMA	ANT	A	DDRESS				
(YES, NO OR UNKNOWN)	WW II		212-24-	5311	CAROL	S. SHE	ARS 1826	DOVER	ST.	. 21	223	
Conditions, if ony, gove rise to imm couse (a), stating underlying couse  PART 2. OTHER SIGN	lediote g the lost.	16) <b>L</b> DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	nce of	ade	ne Car	LUMAN SOU	CONDITION	SIVEN IN		ma	nt
19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	ORMED	YES NO	IN CER	YES, WERI			TH?
21a. ACCIDENT WAS UND	ERLYING	216. TIME O			21c. HOW I	JURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM T	8 PART I OR	PART 2)		
			M. MONTH DA									
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE  AT WORK  AT W		OF INJURY	ARM, ETC )	21f. LOCATI		CITY	ORTOWN	co	YTMUK		STATE	
22a.1 certify that (1)	(this hospital)	ottended th	e deceased from _			, 19	, to		., 19		that (I) {	we) los
sow the decease above, (I) (we) (d 22b. SIGNATURE		ew the body	ofter death.		nd that in (my	(our) opinion	death occurred on t	he date and h			SIGNED	

22e. ADDRESS 300

ATTENDING PHYSICIAN

LOCH RAVEN BLVD. VAMC

J74-coss 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CREMATION

23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

21229

23d LOCATION
CITY OR TOWN
BALTIMORE CITY
COUNTY

MEDICAL STAFF

MARYLAND

24 FUNERAL DIRECTOR

NAME 4107 WILKENS AVE. HUBBARD FUNERAL HOME, INC.

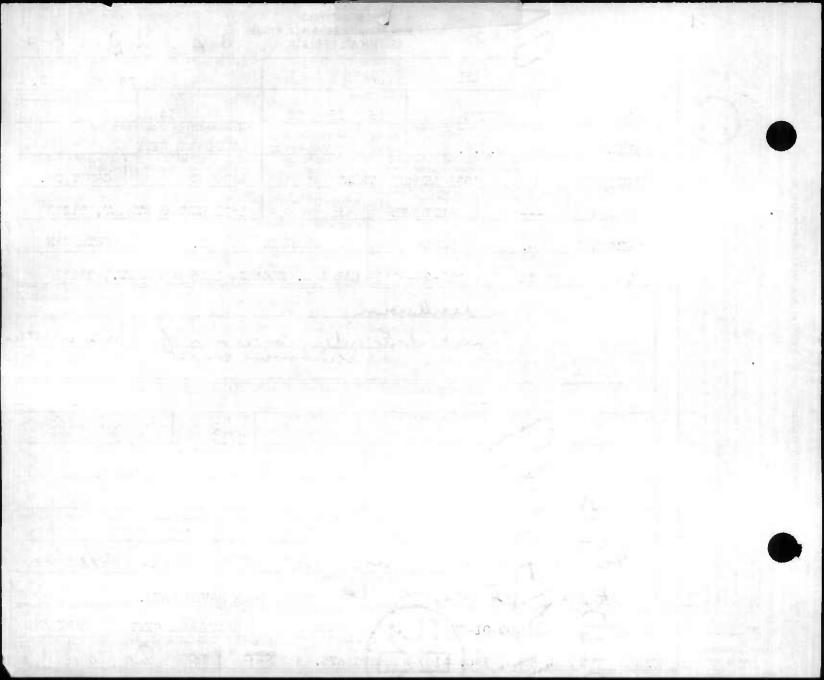
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DHMH - 16 50M 4/82 (VRA 15, 4)

25a. Dulite 3/5 D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician MPORTANT: If them 21 is marked or them 18 shaws any etained by the haspital or attending physician TO HOSPITAL

OR ATTENDING PHYSICIAN: The low



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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3	REG. NO.	2	0	64	7	É
	REG. NO.					

						REG. N			
	CEASED NAME FIRST	MIDI	DLE	LAST		20. DATE OF DEATH	MONTH D	YEAR YEAR	26 HOUR
0.1198	DO ROT KI	Y E.		HAV	VKINS		X 1	182	1/50
1.5E		4. RACE		5 DATE OF BI		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 )
1	townla	No	~~~	MONTH	DAY YEAR	1		MONTHS DAYS	HOURS N
To RI	emale  RTHPLACE (STATE OF FOREIGN		gro		1821	Ø /	YRS	OFDEATH	
	COUNTRY)	76 CITIZEN OF WH	HAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY		OFDEATH	
	ryland		SA	WIDOWED		0	(7Y		
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING	HOME OR O	THER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS
13	SALT MO	SUH	6800	-7 6-6	N HOSP	TIPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY	
IsU/	AL RESIDENCE (IF NURSING HOME OR			(DMISSION)	- 07				
100	STATE 13b COUN		Baltimo		ES X - NO -	2503 Vio	let a	ve. Ar	ot. 20
	ryland	1	parcimo		MOTHER'S MAIDEN NA				
1,7	FIRST	WIDDLE	LAST		Ella	WIDDLE		Wes	1
			Shellin					Wes	5 L
	VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	CANAD OD DARECT	SOCIAL SECUR		INFORMANT	ADDR	ESS		
	No		215-17-	0757	Robert F.	Hawkins			
	18 CAUSE OF DEATH (Enter an	v one couse per line	e far (a) (b) and	ic i				APPROXI	MATE INTERVA
	PART I. DEATH WAS CAUSE				- 1 - 11-1			BEIWEEN	INSET AND DE
	AMMEDIAT	E CAUSE (a)	0 4-1 101	177	E. O. E. MX				
	410 COMMEDIAT				t. Nit Pin				
	7100	DUE TO OR A	S A CONSFOUEN	ICE OF		UPE			
	Canditians, if any, which	DUE TO OR A	S A CONSFOUEN	ICE OF	HRTFAIL	LURE			
	Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR A	S A CONSEQUEN	VCE OF	HRTFAIL				
	Canditians, if any, which gave rise to immediate	DUE TO, OR A	S A CONSEQUEN	VCE OF	HRTFAIL				
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR A  (b)  DUE TO, OR A  (c)	S A CONSEQUEN S A CONSEQUEN	NCE OF NCE OF	HRTFAIL	SERSE	IDITION CIVI	ENINI DADT )	
NC	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR A  (b)  DUE TO, OR A  (c)  ONDITIONS CONT	S A CONSEQUENTS A CONSEQUENTS A CONSEQUENTS A TRIBUTING TO DE	NCE OF NCE OF NCE OF NCE OF	HRT FAIL KRT 01. TRELATED TO THE TERM	SERS 5 INAL DISEASE OR COM			
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ICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR A  (b)  DUE TO, OR A  (c)	S A CONSEQUENTS A CONSEQUENTS A CONSEQUENTS A TRIBUTING TO DE	NCE OF NCE OF NCE OF NCE OF	HRT FAIL KRT 01. TRELATED TO THE TERM	SERS 5 INAL DISEASE OR COM	20b. IF YES,	ntar c7	3 IGS USED
TIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR A  (b)  DUE TO, OR A  (c)  ONDITIONS CONT	S A CONSEQUENTS A CONSEQUENTS A CONSEQUENTS A TRIBUTING TO DE	NCE OF NCE OF NCE OF NCE OF	HRT FAIL KRT 01. TRELATED TO THE TERM	SERSE INAL DISEASE OR COM	20b. IF YES, IN CERTIFY	ntar c7	3 IGS USED
CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR A  (b) C  DUE TO, OR A  (c) C  ONDITIONS CON'  196 CONDITION  216 TIME OF IN	S A CONSEQUENT S A CONSEQUENT S	NCE OF  NCE OF  ACE OF  EATH BUT NOT  OPERATION W	HRT FAIL  KRT DI  TRELATED TO THE TERM  PREVIOUS  VAS PERFORMED	INAL DISEASE OR COM  Wy C CA  200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	NERE FINDIN YING CAUSES	GS USED OF DEATH?
L CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  DIAB-67  190. DATE OF OPERATION	DUE TO, OR A  (b) C  (c) C  ONDITIONS CONT  196 CONDITION  216. TIME OF IN	S A CONSEQUENT S A CO	NCE OF  NCE OF  ACE OF  EATH BUT NOT  OPERATION W	HRT FAIL KRT 01. TRELATED TO THE TERM	INAL DISEASE OR COM  Wy C CA  200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	NERE FINDIN YING CAUSES	GS USED OF DEATH?
17.5	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEA	DUE TO, OR A  (b) C  DUE TO, OR A  (c) C  ONDITIONS CON'  196 CONDITION  216. TIME OF IN HOUR A.M.	S A CONSEQUENT S A CONSEQUENT S	NCE OF  NCE OF  PEATH BUT NOT  PEATH ON W  YEAR  19	HRT FAIL  TRELATED TO THE TERM  PREVIOUS  VAS PERFORMED  CHOW INJURY OCCURR	INAL DISEASE OR COM  Wy C CA  200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	NERE FINDIN YING CAUSES	GS USED OF DEATH?
1072	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  DIAB-57  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR A  (b)  DUE TO, OR A  (c)  CONDITIONS CONT  196 CONDITION  1196 CONDITION  1197 CONDITION  1198 CON	S A CONSEQUENT S A CO	NCE OF NCE OF ACC 2 EATH BUT NOT OPERATION W  YEAR 19 211	TRELATED TO THE TERM PREVIOUS VAS PERFORMED  CHOW INJURY OCCURR	INAL DISEASE OR COM  WY C CA  200 AUTOPSY?  YES NO  ED (ENTER NATURE OF INJIE	20b. IF YES, IN CERTIFY YES	WERE FINDIN WERE FINDIN YING CAUSES ART I OR PART 2)	GS USED OF DEATH?
MEDICAL CERTIFICATION	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  DIAB - 7  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IEEIIHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	DUE TO, OR A  (b)  DUE TO, OR A  (c)  CONDITIONS CONT  196 CONDITION  1196 CONDITION  1197 CONDITION  1198 CON	S A CONSEQUENT S A CO	NCE OF NCE OF ACC 2 EATH BUT NOT OPERATION W  YEAR 19 211	HRT FAIL  TRELATED TO THE TERM  PREVIOUS  VAS PERFORMED  CHOW INJURY OCCURR	INAL DISEASE OR COM  Wy C CA  200 AUTOPSY?  YES NO	20b. IF YES, IN CERTIFY YES	NERE FINDIN YING CAUSES	IGS USED OF DEATH?
107.5	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  DIAB - 7  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (JEELIHER NOTHEY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	DUE TO, OR A  (b) C  (c) C  ONDITIONS CONT  196 CONDITION  216. TIME OF IN HOUR A.M. P.M. 216. PLACE OF (AT HOME, STREET,	S A CONSEQUENT S A CO	NCE OF NCE OF ACC 2 EATH BUT NOT OPERATION W  YEAR 19 211	TRELATED TO THE TERM PREVIOUS VAS PERFORMED  CHOW INJURY OCCURR	INAL DISEASE OR COM  WY C CA  200 AUTOPSY?  YES NO  ED (ENTER NATURE OF INJIE	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH? NO
107.5	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  DIAB - 7  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IE EITHER NOTIFY MEDICAL EXAMINER INJURY OCCURRE)  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this haspit	DUE TO, OR A  (b) C  DUE TO, OR A  (c) C  ONDITIONS CONT  196 CONDITIO  216. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF (ATHOME, STREET,	S A CONSEQUENT OF FOR WHICH CONJURY MONTH DAY	NCE OF  NCE OF  ACE OF	T RELATED TO THE TERM PAEVIOUS VAS PERFORMED  C HOW INJURY OCCURE I LOCATION STREET	INAL DISEASE OR COM  A Y C CA  280 AUTOPSY?  YES NO  CITY OR TO	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES  ART 1 OR PART 2)  COUNTY	STAT
107.5	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  ALL ON ON WHILE ALL WORK  22a. I certify that (I) (this haspit saw the deceased alive an	DUE TO, OR A  (b) C  DUE TO, OR A  (c) C  ONDITIONS CONT  198 CONDITIC  198 CONDITIC  216 TIME OF IT  HOUR A.M.  P.M.  216 PLACE OF  (AT HOME, STREET,  al) attended the d	S A CONSEQUENT S A CO	NCE OF  NCE OF  ACE OF	TRELATED TO THE TERM PREVIOUS VAS PERFORMED  CHOW INJURY OCCURR	INAL DISEASE OR COM  A Y C CA  280 AUTOPSY?  YES NO  CITY OR TO	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES  ART 1 OR PART 2)  COUNTY	STATI
1072	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  PART 2 OTHER SIGNIFICANT C  218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA (IE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  AT WORK  220. I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not controlled to the controlled of the co	DUE TO, OR A  (b) C  DUE TO, OR A  (c) C  ONDITIONS CONT  198 CONDITIC  198 CONDITIC  216 TIME OF IT  HOUR A.M.  P.M.  216 PLACE OF  (AT HOME, STREET,  al) attended the d	S A CONSEQUENT S A CO	NCE OF  NCE OF  REATH BUT NOT  YEAR  19  211  211  211  211	TRELATED TO THE TERM PREVIOUS VAS PERFORMED  AND INJURY OCCURR  LOCATION STREET  1982  1983  1983  1983  1983  1983	INAL DISEASE OR COM  A Y C CA  280 AUTOPSY?  YES NO  CITY OR TO	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES  ART 1 OR PART 2)  COUNTY  and from the	IGS USED OF DEATH? NO STATE
1072	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  ALL ON ON WHILE ALL WORK  22a. I certify that (I) (this haspit saw the deceased alive an	DUE TO, OR A  (b) C  DUE TO, OR A  (c) C  ONDITIONS CONT  198 CONDITIC  198 CONDITIC  216 TIME OF IT  HOUR A.M.  P.M.  216 PLACE OF  (AT HOME, STREET,  al) attended the d	S A CONSEQUENT S A CO	NCE OF  NCE OF  ACE OF	T RELATED TO THE TERM  PREVIOUS  VAS PERFORMED  C HOW INJURY OCCURR  I LOCATION  STREET  19 \$ 2  and in (my) (aur) apinion of the control of	INAL DISEASE OR CON  Y C CA  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  Jeath accurred an the co	206. IF YES, IN CERTIFY YES	WERE FINDING CAUSES  ART 1 OR PART 2)  COUNTY	IGS USED OF DEATH? NO STATE
17.5	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (LEETHER NOTIFY MEDICAL EXAMINER AL WORK  21d. INJURY OCCURRED  AL WORK  22a.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (well (did) (did not 22b. SIGNATURE	DUE TO, OR A  (b) C  DUE TO, OR A  (c) C  ONDITIONS CON'  S ME  198 CONDITION  21b. TIME OF IN HOUR A.M. P.M.  21c. PLACE OF (AT HOME, STREET,  al) attended the d	S A CONSEQUENT S A CO	NCE OF  NCE OF  REATH BUT NOT  YEAR  19  211  211  211  211	TRELATED TO THE TERM PREVIOUS VAS PERFORMED  AND INJURY OCCURR  LOCATION STREET  1982  1983  1983  1983  1983  1983	INAL DISEASE OR COM  A Y C CA  280 AUTOPSY?  YES NO  CITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES  ART 1 OR PART 2)  COUNTY  and from the	IGS USED OF DEATH? NO  STATE
1072	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  PART 2 OTHER SIGNIFICANT C  218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA (IE EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  AT WORK  220. I certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not controlled to the controlled of the co	DUE TO, OR A  (b) C  DUE TO, OR A  (c) C  ONDITIONS CON'  S ME  198 CONDITION  21b. TIME OF IN HOUR A.M. P.M.  21c. PLACE OF (AT HOME, STREET,  al) attended the d	S A CONSEQUENT S A CO	NCE OF  NCE OF  ATH BUT NOT  YEAR  19  211  220  DEG	T RELATED TO THE TERM  PREVIOUS  (AS PERFORMED  C HOW INJURY OCCURR  I LOCATION  STREET  19 \$ 2  And in (my) (aur) apinion of the company of	INAL DISEASE OR CON    Y C CQ   200 AUTOPSY?   YES   NO     RED (ENTER NATURE OF INJI   death accurred an the continuation of	20b. IF YES, IN CERTIFY YES  DWN  Agreement 18 PA	WERE FINDING CAUSES  ART 1 OR PART 2)  COUNTY  and from the	IGS USED OF DEATH? NO STATE
1072	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IE EITHER NOTIFY MEDICAL EXAMINER AL WORK  21d INJURY OCCURRED  AND WHILE OF WORK  22a.1 certify that (I) (this haspit saw the deceased alive an abave, (I) (we) (did) (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE O	DUE TO, OR A  (b) C  DUE TO, OR A  (c) C  ONDITIONS CON'  S ME  196 CONDITION  216. PLACE OF  (AT HOME. STREET,  CI) attended the d  CI VIEW the bady aft	S A CONSEQUENT OF THE PROPERTY	NCE OF  NCE OF  PEATH BUT NOT  PEATH BUT NOT  YEAR  19  211  211  DEG	T RELATED TO THE TERM  PREVIOUS  (AS PERFORMED  C HOW INJURY OCCURR  I LOCATION  STREET  19 \$ 2  And in (my) (aur) apinion of the company of	INAL DISEASE OR CON    Y C CQ   200 AUTOPSY?   YES   NO     RED (ENTER NATURE OF INJI   death accurred an the continuation of	20b. IF YES, IN CERTIFY YES  DWN  Agreement 18 PA	WERE FINDING CAUSES  ART 1 OR PART 2)  COUNTY  and from the	IGS USED OF DEATH? NO STATE
MEDICAL	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OF A COUNTY OF THE CAUSE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IEELIHER NOTIFY MEDICAL EXAMINER ALL WORK)  21d. INJURY OCCURRED  WHILE NOT WHILE ALL WORK  22a. I certify that (1) (this haspit saw the deceased alive an above, (1) (well (did) (did not 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (1YPE O	DUE TO, OR A  (b) C  DUE TO, OR A  (c) 23  ONDITIONS CONT  196 CONDITION  216. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET, 1) view the bady after  R PRINT)  PRINTING C A	S A CONSEQUENT S A CO	NCE OF  NCE OF  ATH BUT NO  YEAR  19  211  221  221  221	T RELATED TO THE TERM	INAL DISEASE OR CON  WYE CA  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSI  Han GUEN	20b. IF YES, IN CERTIFY YES  DWN  Agreement 18 PA	WERE FINDING CAUSES  ART 1 OR PART 2)  COUNTY  and from the	IGS USED OF DEATH? NO  STATE
WEDICAL	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IE EITHER NOTIFY MEDICAL EXAMINER AL WORK  21d INJURY OCCURRED  AND WHILE OF WORK  22a.1 certify that (I) (this haspit saw the deceased alive an abave, (I) (we) (did) (did not 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE O	DUE TO, OR A  (b) C  DUE TO, OR A  (c) 23  ONDITIONS CONT  196 CONDITION  216. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET, 1) view the bady after  R PRINT)  PRINTING C A	S A CONSEQUENT OF SECRETARY, OFFICE FAIR OF WHICH CONSUMPLY OF SECRETARY OF SECRETA	NCE OF  NCE OF  ATH BUT NO  YEAR  19  211  221  221  AME OF CEME	T RELATED TO THE TERM  PREVIOUS  (AS PERFORMED  C HOW INJURY OCCURR  I LOCATION  STREET  19 \$ 2  And in (my) (aur) apinion of the company of	INAL DISEASE OR CON  WYE CA  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSI  HAR OF CON  CITY OR TO  CITY OR TO  CITY OR TO  CITY OR TO  MEDICAL STA  DIRECTOR PHYSI  1336 LOCATION  CITY OR TOWN  CITY	206. IF YES, IN CERTIFY YES  JIRY IN ITEM 18 PA  DWN  AFF  CIAN D  ST	WERE FINDING CAUSES  ART 1 OR PART 2)  COUNTY  and from the	IGS USED OF DEATH? NO  STATE

BP. OHMH - 16 50M 1 #1 (VRA 15, 4)

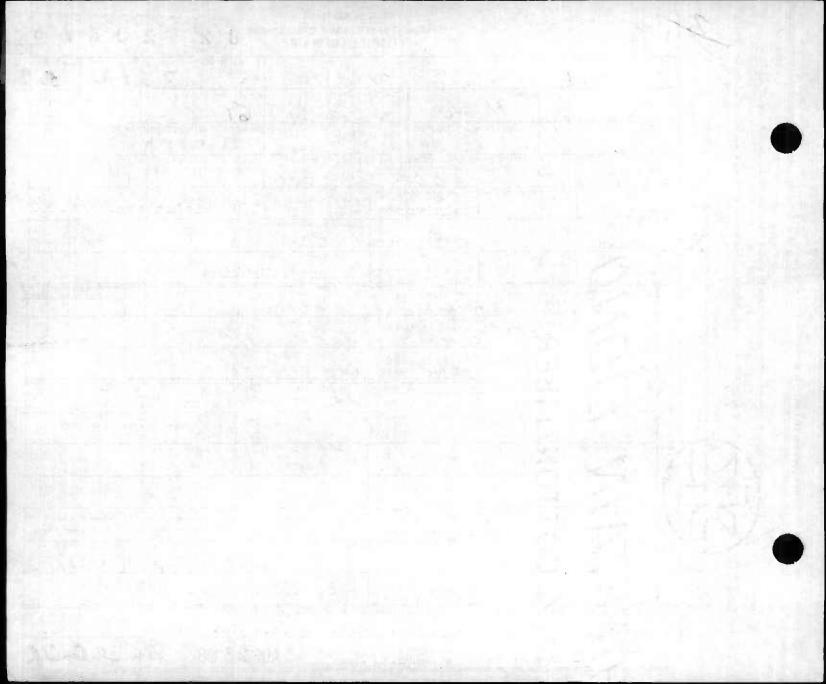
TO HOSPITAL

Mould be detached for use on the with the State Dept. of Health and

Wm.

C. March F/H 1101 E. North Avenue

TO FUNERAL DIRECTOR.



remove corbonpope

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detoched for use as the buriol-tronsit permit. Then please remove corboo with the State Dept. of Heolth and Mental Hygiene priar to buriol, cremation, og res Item 18 s

IMPORTANT: If hem 21 is.

Funeral Homes. P

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR		CERTIFI	CATE OF DEATH	REG. 1	10.			
	DECEASED NAME FIRST	WIDDLE	LA	LST.	20. DATE OF DEATH	MONTH DAY	YEAR	76 HOUR	
	HARRY	JOSEPH	HAWI	KINS		08 04	82	5:22P	
1	3. SEX	4 RACE	5 DATE O	F BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF U	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
	Male	Caucasian		1 15, 1936	46	YRS.	54.5	MIN.	
-	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
2	Maryland	USA	WIDOWE	DIVORCED [	BALTIMOR	E CITY		MD.	
3	10 CITY OR TOWN OF DEATH  BALTTMOPE  SUAT RESIDENCE IN NORTH HOME OF		PKINS	ROTHER INSTITUTION  HOSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Landscape	OF WORKING LIFE)	126. KIND O INDUSTRY None	F BUSINESS OR	
per	130. STATE 130 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
2		erick Frederi		YES 😿 NO 🗌	507 North		treet		
J	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA/	ME		LAS!		
1	Hillery	Hawkins		Ella	Lucili	le	Benne		
5	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDI	507 N.	Bentz	St.	
Q	No	217-32-1	398	Mrs Viloa E.	Hawkins	Frederi	ck, Me	d 21701	
2	Canditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last  PART 2. OTHER SIGNIF CANT (O)  190 DATE OF OPERATION	DUE TO, OR AS CONSEQUE  (c)  CONOTIONS CONTRIBUTING TO E  196. CONDITION FOR WHICH	DEATH BUT N	NOT REVATED TO THE TERM	Fau  Fau  INAL DISEASE OR COM  29  200 AUTOPS  YES   NO.	200. IF YES, WIN CERTIFYIN	ERE FINDIN	GS USED	
	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED  WHILE AT WORK  270.1 certify that (this hospi  sow the decased olive on	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.)  101) pringed the deceased from	19 ARM, ETC.)	216 HOW INJURY OCCURR  214 LOCATION STREET  1982  d that in (max (aur) opinion of the context of	city or to	OWN  UST 15  date and hour an	COUNTY 8-Z	STATE That In (we) last causes stated SIGNED	
	230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	IAME OF CE	METERY OR CREMATORY	23d LOCATION	1- 00			
	(SPECIFY)  Burial	8/9/82 Mt	Olive	et Cemetery	Frederick	, Frede	rick.	Md	
	Robert E. Dailey	select 1201		rket St 25m. DATE		256. REGISTRAF			

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital or

BP.

THE PRODUCT OF SAINTEEN SAINTEEN CONTRACT OF THE Market and Spinish with this collection of the collection of CARD COUNTERSAM OF BUT Colored Contraction In 

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS na a said and a said a said and a said a

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		CEASED NAME FIRST	zabeth	A.	Hayn	es		2, 198	32 YEAR	8 A
	3. SE	Female	4 RACE White		5 DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HOURS
35	M	RTHPLACE (STATE OR FOREIGN	U.S.		WIDOWE		9. BALTIMORE CITY O Baltimo:	R COUNTY C		
14		Baltimore	(IF NOT IN )	nion Memo	G HOME C	PROTHER INSTITUTION Hospital	126 USUAL OCCUPATION	ON Y <b>ST</b> NG LIFE)	12h KIND OF	BUSINES:
35	13 <sub>0</sub> M	aryland	E OR OTHER INSTITUTION	Baltimo		13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13° <b>121</b> 8 ^ <b>D&amp;11</b>	wood A	venue	
OC	14. F	Milton	MIDDLE Barl	LOW		15 MOTHER'S MAIDEN NA/ FIRST Anna		s	LAST	
/	160 \	VAS DECEASED EVER IN U.S., NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	220 14 5		Charles H.	ADDRE Haynes	SS	Same	
njury, or other traum	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAT	DUE TO, C	DR AS A CONSEQUE	NCE OF	pertension  NOT RELATED TO THE TERM		DITION GIVEN	N IN PART 1(0)	
À 7	CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, YES YES	WERE FINDING NG CAUSES C	SS USED F DEATH
× 7	1 =		71h TIME	OF INJURY		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)	
Z Z		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A		Y YEAR					
or Item 18 shows	MEDICAL CERT	OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH DA	19	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STA
: If them 21 is morked or Item 1B shows o		OR CONTRIBUTING CAUSE OF LIF EITHER NOTIFY MEDICAL EXAM 216 INJURY OCCURRED	DEATH HOUR A INER)  21e. PLACE (AT HOME, S)  sspitol) ottended to  2/2	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA the deceosed from yofter death.	19 RM, ETC )	211 LOCATION STREET  19 4  and that in (my) (and) apinion of the desired properties of the desir	CITY OR TOV	2, 19 te and hour a	22c. DATE S	uses state

STATE OF MARYLAND

liaments . Harmon product 12, 1982 10, 122, 134 6 5300 rti. ero i f. the Lands mior mortal ospital, acceptionist . noto a a 310 11 salti ore 121 Lellwood Average Inchi [ tron a 0[77 11.00 229 15 5992 Charles W. Farmer Make a property of the control of th They are the second of the second 23 000 10 000 SECTION OF THE PROPERTY OF THE . stoolile, just that, littoore, M. TE TE TE TE TE A control of the cont ure a constant of the second

3	1.	FOR STATE		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG	IENE 8 2	2	0 4	8 0	1
		REGISTRAR				ICATE OF DEATH	REG. NO				_
m <del>c</del>		CEASED NAME FIRST OR PRINT)		WIDDLE		AST		AO HTMON		75. HOUR A	1.
0 0		IDA		NCES E	EBB		August 1	. , .	_	^	M
	3. SE)		4 RACE		5. DATE (		& AGE   IN YEARS LAST BIRTH	MO	UNDER I YEAR	HOURS MIN	-
5 % 5 %	1	Female	Whit	0	June	8, 1883	9	1110		71	
1 2 Pd	CC	RTHPLACE (STATE OR FOREIGN	110000000000000000000000000000000000000	F WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY OF	_			
		altimore, Md.	US.		WIDOWI	DIVORCED 🗌	Baltimo		у,	ME	D.
100	14 (2)	ry or town of death altimore	(IF NOT IN S	F HOSPITAL, NURSII UCH FACILITY, GIVE STREET <b>ilton Nu</b> i	ADDRESS)	Center INSTITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOUSEWIFE	ON WORKING LIFE)	INDUSTRY	BUSINESS OR	₹
35	13a S	ALRESIDENCE (IF NURSING HOMI TATE 136 CC aryland Bal	OROTHER INSTITUTION TO THE CONTY TO THE CONT	134 CITY OR TOV	readmission)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1839 Dev	eron R	oad -	21234	_
12 A/A	14 FA	THER'S NAME				15 MOTHER'S MAIDEN NA	ME				_
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Edward	MIDDLE	Sprank	in	Rose	WIDDIE	Т	horing	rton	
dice ges		AS DECEASED EVER IN U.S.		166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDRE			1234	_
Pogo P	- 14	ES, NO OR UNKNOWN) (IF YES, O	OVE WAR OR DATES)	218-18-7	050	Mrs. Thos. Bri	en Haigley	-1839	Devero	n Road	_
to the troumotic event, the		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, (c)	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	Achroses			NATE INTERVAL INSET AND DEATH	_
sign Then to bu	Z		Sineli	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	II ON GIVEN	IN PART I(a		
hos been to permit the permit the prior ows any in	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, V IN CERTIFY I	WERE FINDING NG CAUSES (	GS USED OF DEATH?	_
physic rithcote ol-trons tol Hyg m 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR	OF INJURY A.M. MONTH D		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	T 1 OR PART 2)		_
offending fer this cells the burie h and Men	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	71e PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE	_
hospital or hed for use of ept of Healt tem 21 is ma		220 I certify that (I) (this ho sow the deceosed olive above((I) (we) (did) (did 226 SIGNATURE	/22 /	1010		nd that in (my) (aur) opinion of DEGREE	to death accurred on the da	te and haur o			it —
RAL D detac tote D NT: If I		PSW	agni	o MD	7		MEDICAL STAF	F IAN 🗌	8/19	182	_
eformed by TO FUNERA should be de with the Stot		Raymundo					Avenue - 2	1222			_
BP	23a. B	urial, cremation, remov Burial	Aug. 2			emetery or crematory Park Cemeter	23d. LOCATION CITY OR TOWN Baltimor	e, Mar	yland	- 2122	9
DHMH-16 20M (VRA 15, 4) 7/78		ineral director entry Sander &	Sons,	Inc., Ba]	Lto.,N		6 3 1 1982	Sh BEGISTRA		will	_

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Elizabeth policy leader lead

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAK		CERTIFICATE OF PEATIF	REG. NO.	
1. DÉCEASED NAME FIRST	MIODLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 76 HOUR
CAROL	LEA	HEDINGER	AUGUST 6, 1	982 11:05p
1 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	July 16, 1936	46 YRS	MONTHS DAYS HOURS MIN.
a. BIRTHPLACE (STATE ON FOREIGN COUNTRY)  West Virginia	76. CITIZEN OF WHAT COUNT U.S.A.	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY BALTIMORE CI	
CITY OR TOWN OF DEATH  Baltimore	JOHNS HOPK	RSING HOME OR OTHER INSTITUTION REET ADDRESS) INS HOSPITAL	170 USUAL OCCUPATION   TYPE OF WORK FOR MOST OF WORKING LIF   Housewife	12b. KIND OF BUSINESS OR INDUSTRY
W. Va.		ing   13d INSIDE CITY LIMITS	30 Wolfe Esta	ates 26003
FATHER'S NAME FIRST Fred	MIDOLE LAST Kitt	le Genete	WIQOLE	Heller
60 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIT	VE WAR OR OATEST		ADDRESS Hedinger 30 Wolf	fe Estates
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	puence of level	mia	2 near
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	TO DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH? SS \( \text{NO} \)
OR CONTRIBUTING CAUSE OF OF LIFETHER, NOTIFY MEDICAL EXAMINE!  WHILE NOT WHILE AT WORK AT WORK		19 211 LOCATION	CITYORTOWN	COUNTY STATE
sow the deceased alive an	ot) view the body after death.	9 82 , and that in my (aur) apini	on death accurred on the date and hou	19, that (1) (we) last or and from the couses stated 22c. DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE OF EDUARDO	MARRAN	220 ADDRESS  Johns  120 ADDRESS	DIRECTOR PHYSICIAN	EQ 8/6/82

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detached for use as the b with the State Dept. of Health and A IMPORTANT: If Hem 21 is morked a

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and Mental Hygiene prior to burial, ci

> 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

Aug 11 1982

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

23d LOCATION
Wheeling Mt. Calvary Cemetery

West Virginia

The state of the s Therefore the state of the stat X1220 80.90 1775 .A.a.a singula tea i en e TEST CONTROL TO THE PROPERTY OF THE PROPERTY O T. 192-9-1919 dolert D. Wedinger Strolle Ligite uni The state of the s [15] 시대 : 10 [15] [15] [15] wini 1 1982 M. agiver cases the first and the Land J. Land . London Complete TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 2 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hays at with the State Depts of Health and Mental Hygiene prior to burial, cremation, ar removal.

medical exa

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked ar them 18 shaws any

24 FUNERAL DIRECTOR

death

STATE OF MARYLAND 8 FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	EGISTRAR					ICATE OF DEATH	REG	NO.			
DECE	ASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	Luc	cinda		røthea	1	Henkel		8	14	82	10 a <sub>M</sub>
SEX	Fema		I. RACE	hite	5. DATE C		6 AGE (IN YEARS LAS		MONTHS	DAYS DAYS	IF UNDER 24 HRS
d. BIDT	HPLACE OSTATE OR	Md.		S . $A$ .	MARRIEI WIDOWE	D NEVER MARRIED X	Baltimore cit	_			MD.
	ortown of de.	ATH		HOSPITAL, NURSING AGNES H		or other institution $tal$	TYPE OF WORK FOR MO	ST OF WORKE		DUSTRY	F BUSINESS OR
ISUAL I I30. STA	RESIDÊNCE (IF NUR. ITE Md.	SING HOME OR O	Y .	GIVE RESIDENCE BEFORE	N I	13d. INSIDE CITY LIMITS?	13° 5769° M	ontg	Put	olic y R	School:
	rederic	ck "	G. H	lenke l		15. MOTHER'S MAIDEN N	S.			she	
(YES.	S DECEASED EVER		MED FORCES? WAR OR DATES)	214-40-		17 INFORMANTS 105 Mrs. Jeanne	Hontgom H. Rand <b>e</b>	ll-		Ell y,	
	100					0					
P.	Canditions, if any gave rise to immouse tal, statis underlying couse	mediate ng the e last.	DUE TO, OF	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO E  CONSEQUE	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CO	Name of Street, or other Desiration of Street, or other Desiration	GIVEN IN	PART 1/c	3
P.	gave rise to imi cause rai, statii underlying cause	mediate ng the e last.	DUE TO, OF	RAS A CONSEQUE DINTRIBUTING TO E	DEATH BUT	The state of the s	//	20b. IF	YES, WER	EFINDIN	
P.	gave rise to important to impor	mediate ng the e last.  NIFICANT CO  TION  DERLYING  CAUSE OF DEAT ICAL EXAMINER)	DUE TO, OF CONDITIONS CO	R AS A CONSEQUE  ONTRIBUTING TO E  C ATT TY  TION FOR WHICH  F INJURY  M. MONTH DA	DEATH BUT	N WAS PERFORMED  21c. HOW INJURY OCCU	200 AUTOPSY? YES NO	20b. IF IN CE	YES, WER RTIFYING YES	E FINDIN CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to important important to important impo	mediate may be lost.  NIFICANT CO  CTION  DERLYING CAUSE OF DEAT ICAL EXAMINER)  RED  HILE HELE	(b)	R AS A CONSEQUE  ONTRIBUTING TO E  CONTRIBUTING TO E  CONTRIBUTING TO E  TION FOR WHICH  FINJURY  M. MONTH DA  M.	DEATH BUT COPERATION OPERATION AY YEAR 19	M WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF IN CE	YES, WER ERTIFYING YES PART I O	E FINDIN CAUSES	IGS USED OF DEATH?

250. DATE REC'D BY REGISTRAR AUG 1 6 1982

Sterling Funeral Estate

La Catonsville, Md. 21228

DHMH-16 50M 1/B1 (VRA 15, 4)

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etained by the haspital ar attending physician.

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1	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	20483
		CEASED NAME FIRST OR PRINT) NURIE	Shelton	HENLEY		G. 20, 1982 8:25pm
	3. SE		& RACE BLACK	S. DATE OF BIRTH  MONTH DAY  YEAR  (894	6 AGE (IN YEARS LAST BIR	
35		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.	- 11		R COUNTY OF DEATH
38	R	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET UNIVERSITY	OF MARYLAND	(TYPE OF WORK FOR MOST O	
	N	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ARY LAND THER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV		2325.66	Baltimore, Md, 2121 OLL FORD AVE.
300	1=	Eli-	MODLE	ton CAROLI	NE MIDDLE	Mallory
medica		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	C MAR OR DATES	1 201	more, ADDRE	ssMaryland 21212 ton 707 WinstonA
umatic		2000	DUE TO, OR AS A CONSEQU	ENCE OF	0 .	
njury, ar ather tra	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	use Historytic	MAL DISEASE OR CON	DITION GIVEN IN PART 140°
ows any injury, ar ather trai	TIFICATION	gove rise to immediate couse (a), stating the underlying couse last	(c)CONDITIONS CONTRIBUTING TO	use Historytic ENCE OF		DITION GIVEN IN PART 110-  20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \text{YES} \) NO \( \text{T} \)
Item 18 shows any injury, ar other trac	ICAL CERTIFICATION	gove rise to immediate cause (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	ENCE OF  DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  AY YEAR 19	INAL DISEASE OR CON  20a AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
rked ar Item 18 shows any injury, ar ather tran	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA	19b. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED  AY YEAR 19 211, LOCATION	INAL DISEASE OR CON  20a AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PRINCIPLE NO PART 1 OR PART 2)
ftem		gove rise to immediate cause (a), stating the underlying cause lost part 2. OTHER SIGNIFICANT (198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1F EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OF CURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this hasping sow the deceased alive an above, (1) (we) (did) (did)	19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 19b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  AY YEAR 19 216. HOW INJURY OCCURI 19 FARM, ETC.) 216. LOCATION STREET  8 0 19 8 2 Ond that in (my) (our) apinion.	INAL DISEASE OR CON  200 AUTOPSY?  YES NO ENTER NATURE OF INJUI  CITY OR TO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOT NOT NOT NOT NOT NOT NOT NOT N
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them 21 is morked ar frem	MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost part 2. OTHER SIGNIFICANT (198. DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1F EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OF CURRED  WHILE AT WORK AT WORK  220.1 certify that (1) (this hasping sow the deceased alive an above, (1) (we) (did) (did)	(c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.  101) ottended the deceosed from 19 view the body ofter death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED  AY YEAR 19 211. LOCATION STREET  DEGREE  ATTENDING	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUIT  CITY OR TO COMMENT OF THE DECEMBER OF THE DE	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY  WN COUNTY  STATE  22c. DATE SIGNED  FF

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and complete vishould be detached for use as the burial-transit permit. Then please remove carbompopers. Pages Land 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

tor, page 3 ofter death FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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6.	(Len	-			

						REC	5. NO.		
	PE OR PRINT)	WIDDI		LAST		2a. DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR
,		LIAM F	HENN!	INGER			08-2	21-82	10:40 PM
3. SI	EX	4 RACE		OF BIRTH		6. AGE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	WHITE	00	-	9 1	9.	YRS	MONTHS DATS	HOURS MIN.
70. E	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	IED NEVER M	ARRIED 🗆	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
S. Berner	West Germany	U.S.A.	WIDOV	VED X DIV	ORCED 🗍	Balt	imor	e City	) MD.
7	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME		TUTION	120 USUAL OCCUP		12b. KIND ( INDUSTRY	of Business or Goverment
La	Baltimore UAL RESIDENCE (IF NURSING HOME C		es Hospital			Superv	isor	0.8.	Goverment
130.	aryland	JNTY 13c	CITY OR TOWN  altimore	13d. INSIDE CIT	Y LIMITS?	1927 Wh	ss istler	Avenue	21230
14. F	FATHER'S NAME FIRST	MIDDLE	LAST	15 MOTHER'S	MAIDEN NAM		E	LA	ST
4		OWN				UNKN			
160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMAN			DRESS		0100
	NU		UNKNOWN	Philip	J. Ap	biel 701	1 narn	nan Aven	
	18 CAUSE OF DEATH (Enter of	only one couse per line	for (a), (b), and (c)					BETWEEN	ONSET AND DEATH
1	PART I. DEATH WAS CAUS	ATE CAUSE (o)	Cardios	ulmous	ans a	mest			
1	4100								
	1100	DUE TO, OR AS	A CONSEQUENCE OF Myolus	1. 11		1		- 1	
1	Conditions, if any, which	(b)	myolar	deal In	real	Tim			
	gave rise to immediate couse (a), stating the	2015 70 00 16	· ·		6				
	underlying cause last.	DUE TO, OR AS	ASCUD.						
1		(c)							
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BU	JI NOT RELATED 1	O THE TERMI	NAL DISEASE OR C	ONDITION	SIVEN IN PART 1	0
CERTIFICATION	19a DATE OF OPERATION	Time continues							195
1 2	DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATI	ON WAS PERFOR	MED	20a AUTOPSY?		ES, WERE FIND! TIFYING CAUSE!	
1 1						YES NO	/	YES 🗌	NO 🗌
E	210. ACCIDENT WAS UNDERLYING	110110 1 11	URY MONTH DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF	injury in item I	B PART I OR PART 2)	
1 A	OR CONTRIBUTING CAUSE OF DI	CAIN	MONTH DAT TEAT						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN		211. LOCATION	4				
AE A	WHILE NOT WHILE		ACTORY OFFICE, FARM ETC.)	STREET		CITY C	RTOWN	COUNTY	STATE
	AT WORK AT WORK			1/5			_		
	220.1 certify that (1) (this hasp	- 1 - 1		8120	, 19 82	to8	121	. 19_82.	that (f) (we) lost
	sow the deceased alive a above, (I) (we) (did) (did n	n 3 121	death 19 82	and that in (my) (	our) opinion d	eath occurred on th	e date and h	our and from the	couses stated
	22b. SIGNATURE			DEGREE				22c. DATE	SIGNED
	Muelia	domos			TENDING HYSICIAN	MEDICAL S	STAFF	8	121/82
1	276. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			4		
	R. MACHA	AM OOF		St. Agn	eo Ho	SPITAL	BALT	- msey	11000.
23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF	CEMETERY OR CE	REMATORY	23d. LOCATION			VIII.
	Cremation	8/23/82	Loudor	n Park Cr	emator	y Baltimo	re	COUNTY	laryland
	FUNERAL DIRECTOR		2122	29		REC'D. BY REGISTE		STRAR'S SIGNA	URE
Hul	bbard Funeral H	lome, Inc.			AUG	77 4000	100	in In a	enrel

DHMH-16 50M 1/81 (VRA 15, 4)

retained by the hospital ar attending physician.

TO HOSPITAL OR ATTENDING

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1	-	FOR STATE REGISTRAR	
-	É	EACED NIAA	7

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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,	6.0	l'm	9		9	

REGISTRAR		CEKTIF	ICATE OF DEATH	REG. NO		
1. DECEASED NAME	IRST MIDDLE		AST		AONTH DAY YEAR	2b. HOUR
	Matilda	He	nson	8/30/82		7:00
3. SEX	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTI	DAY) IF UNDER 1 YEAR	
Female	Black	MONTH		1	MON HS DAYS	HOURS
70. BIRTHPLACE (STATE OF FORE	IGN IN CITIZEN OF WHAT	COUNTRY2 8		- PAITIMORE CITY OF	2 YRS. COUNTY OF DEATH	1
COUNTRY)		MARRIE	D NEVER MARRIED	, , , , ,		
0 CITY OR TOWN OF DEATH		TAL, NURSING HOME C		120 USUAL OCCUPATIO	N 12b KIND	OF BUSINESS
Baltimore		TY, GIVE STREET ADDRESS)  OPKINS HO	spital	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION)				
Maryland		ltimore	134 INSIDE CITY LIMIT			
14 FATHER'S NAME	IDd	Trimore	15. MOTHER'S MAIDE	7.14	Madison S	treet
FIRST	MIDDLE	LAST	FIRST	WIDDLE	L)	451
William 160 WAS DECEASED EVER IN	IS APMED ECONOSCI IN S	OSTON OCIAL SECURITY NO.	Lula 17 INFORMANT	ADDRES	Washi	ngton
(YES, NO OR UNKNOWN)	FYES, GIVE WAR OR DATES)	OCIAL SECURITI NO.	1/ INFORMAINT	ADDRES		
Yes		N/A	Julia Cr	rews 2314 E.	Madison S	St.
18 CAUSE OF DEATH	nter only one couse per line fo	or (a), (b), and (c)				XIMATE INTERVAL LONSET AND DEA
	MEDIATE CAUSE (a)	spiratory	tailine		819	30/92
1991		CONSEQUENCE OF				
Canditions, if any, w			ca bosis		813	29/82
gave rise to immed	ate		-C/CCC+15			
cause (a), stating underlying cause	ost. DUE TO, OR AS A	consequence of			- 1	nos. a
DARK O CAUSE COLUM	(c) <u>C</u>			mary		
Venal F	CANT CONDITIONS CONTRIL	BUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1	lo,
Venal F 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDERL		500			201 15 15 2 11 15 25 20 1	
S IN DATE OF OPERATIO	148 COMPILION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	S OF DEATH?
RTI				YES NO	YES	NO 🗌
		JRY MONTH DAY YEAR	21c. HOW INJURY OC	CCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
(IF EITHER NOTIFY MEDICAL	COLDENIN	19				
OR CONTRIBUTING CAU:  (IF EITHER NOTIFY MEDICAL!  21d. INJURY OCCURRED	21e. PLACE OF INJ	TORY, OFFICE, FARM, ETC.)	21f LOCATION	CITY OR TOW	N COUNTY	STATE
WHILE NOT WHILE	AT HOME STREET, FAC	TORT, OFFICE, PARM, ETC.)	SINCE	CITORION		SIMIL
220.1 certify that (2) (th	s haspital) attended the dece	osed from Augus	+ 29 19	or 10 Augus	r 30, 19.82	thor Diwell
sow the deceased	live on August 30	10 82		inion death occurred on the dat	e and hour and from the	couses stated
22h SIGNATURE	(did not) view the body after o	leoth	DEGREE			SIGNED
8 × 6	Percet		ATTENDIN	NG MEDICAL STAFF	0/	
2001			PHYSICIA		AND 31	30/82
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS			
SCOT	REMICK	M.D.	THE JOHNS	S_HOPKINS HO	SPTTAT.	
230 BURIAL, CREMATION, REA			EMETERY OR CREMATO	ORY 23d LOCATION		
(SPECIFY) BURTAL	0 /= /0 =	Md. V	eteran Ce	m. Crownsv	COUNTY	Md
DUKIAL	19/7/82		CCCI dir CE	THE TOWNS V.	TIE	MG

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March F/H 1101 E. North avenue

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN:

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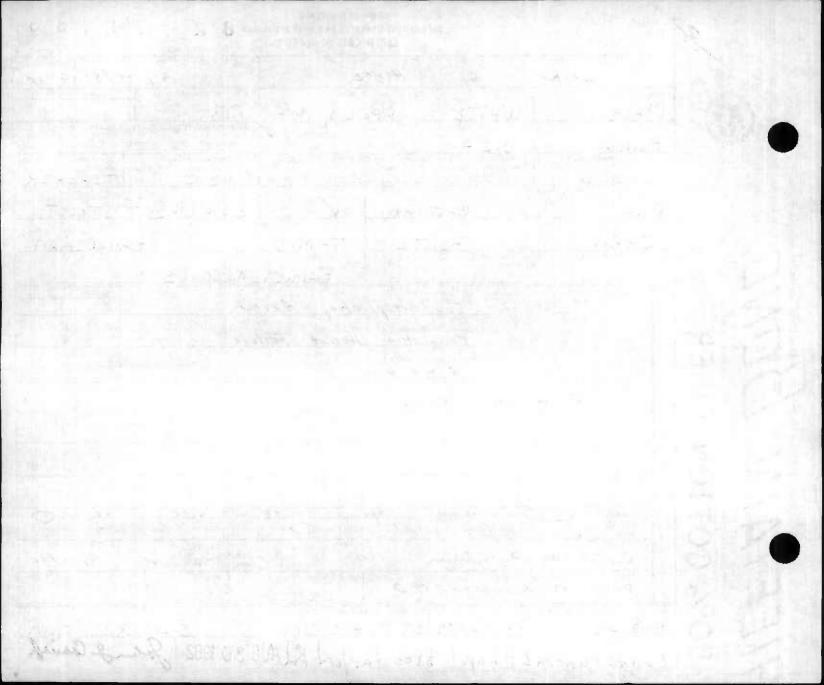
10 FUNERAL DRECTOR: After thus certificate has been signed by the attending physician should be detached for use as the burnof-transit permit. Then player remove carban-popers, if with the State Dept. of Health and Mental Hygiene prior to burnot. Cremation, or removal. MPORTANI, if then 21 is marked or them. Blakes only intury, or other traumost event, the in

TO HOSPITAL OR ATTENDING PHYSICIAN. The lowretained by the hospital or ottending physician

DRMH - 16 50M 1/81 (VRA 15, 4)

3	1 -	FOR STATE REGISTRAR			FICATE OF DEATH	GIENE 8 2	2 NO.	0 4	8 6
		CEASED NAME FIRST	WIDDLE	10	LAST	20. DATE OF DEATH		DAY YEAR	2b HOUR
	(,,,,	Lesker	6-	Heur	5		8/	25/82	9:400 M
	1. SE	×	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	2	TALS	WHITE	APE		78	YRS	MONTHS DATS	HOURS MIN.
75		IRTHPLACE (STATE OR FOREIGN TOUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CIT		TY OF DEATH	
9	F	-00.	U.S.A.	WIDOW	D NEVER MARRIED M	BALTIMO	DRE CT	TY	MD.
12	MV.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUP.	ATION	12b. KIND O	F BUSINESS OR
4		BALTIMORE	INTON ME	Y, GIVE STREET ADDRESS)	ерттат.	TYPE OF WORK FOR MO	T OF WORKING		USP
71	usu.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESI	DENCE BEFORE ADMISSION)		1		TIA	ZH ZI
5	2	70. "		ITI MORS	YES NO D	324 U	3.30	TH STR	227
n	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE		LAS	т
44		JOHN	H	InT'L	TAMIS		+	TAULDS	MAN
1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?   16b SO	OCIAL SECURITY NO.	FAMILY	RELORI	ORESS		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily one cause per line far	(o), (b), and (c).				BETWEEN	MATE INTERVAL
	CERTIFICATION	Canditians, if any, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OF ACUAE  190. DATE OF OPERATION	DUE TO, OR AS A C  (c) A  CONDITIONS CONTRIBUTE  Renal	CONSEQUENCE OF WASHING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO		IVEN IN PART 110	
9	TIFIC	DATE OF OPERATION	198 CONDITION FO	OR WHICH OPERATIO	IN WAS PERFORMED	YES NO	IN CERT	TEYING CAUSES	
1	AL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MC P.M.	ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IT	JURY IN ITEM 18	PART I OR PART 2)	
	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO		21f LOCATION STREET	CITY OR	NWOT	COUNTY	STATE
		220.1 certify that (1) this hospi saw the deceased alive on obove, (1) weig did did no 22b. SIGNATURE		eath. 19 <u>82</u> ai	nd that in (my)(aur) pinion		date and ho	our and from the	
2		David In.	Zishlier		O ATTENDING PHYSICIAN		AFF SICIAN	22c. DATE 8/	25/82
1		David M.	Fish be cin	M.D.	22e ADDRESS UNION MEM	MORIAL HOSI	PITAL		
	230. B	BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE 2 - 30 -199	236 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	SCHU4	COUNTY	PS OF O
-	24 FU	JNERAL DIRECTOR	0 0 1 10	1	240. DAT	FREC'D. BY REGISTR	IR 25b (EGIS	STRAR'S SIGNA	RE
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24 FUNERAL DIRECTOR

Wm. C. March F/H 1101 E. North Avenue

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Margaret HEPBURN August 19, 1982 3. SEX DATE OF BIRTH 6 AGE [IN YEARS LAST BIRTHDAY] IF LINDER 1 YEAR IF LINDER 2.1 HRS MONTH VEAD 32 Female Black 49 YRS 10 BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED KNEVER MARRIED Baltimore City Carolina WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Maryland General Hospital LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3323 Mondawmin Avenue Baltimore YES X NO Maryland
14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Johnson John Wesley Cauthen Mammie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT N/A Wannetta Adams 2446 Donna Drive No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardiopulmonary arrest IMMEDIATE CAUSE (a) Preumonia, and possible Sepsis Canditians, if ony, which gove rise to immediate cause (a), stating the Due TO, OR AS A CONSCOUENCE OF Carcinoma of the lung with metastases underlying cause lost CERTIFICATION to the liver and heart. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOV NO | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that JX(this haspital) attended the deceased from August 82 sow the deceosed alive an August 19 abaveXX(we) (did) (XXX) view the bady after death and that in My) (aur) apinion death occurred on the date and hour and fram the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 8/19/82 PHYSICIAN DIRECTOR PHYSICIAN c/o Maryland General Hospital Karen Trent, M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY Woodlawn Mem Pk. BURIAL Woodlawn Md

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE

AUG 2 3 1982

BP 25 DHMH-16 50M 1/81 (VRA 15, 4)

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D	10 HOSPITAL OR ATTENDING PHYSICIAN: The law impores that the death sertificate be executed within 34 hours after death. Page 4 m retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR: After the certificate has been agreed by the ottending physician and completely filled in by the funeral inversion should be detached for use as the burial-transf perint. Then please remove carbonappers, Pages, Mand 2 should be filed with #72 to follow with the Sate Dept of Health and Mental Physicse prior to burial, cremation, or removal.	2
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	PTENDI Pital or	for use	21 is m
	A NO.	DIREC Oched Dept	H Jen
	TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician	TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physics should be detected for use or the faurial-transft perior. Their please sensors corbonatops with the State Days, of Health and Mental Physicse prior to burial, cremation, or removal	IMPORTANT: If them 2.1 is marked at them 18 shows any injury, at other traumance event, the medical endanter man
	HO!	TO Part	MP.

R ATE GISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	ENE 8	2 REG.	NO.	2	0	Ed	8	8
SED NAME	FIRST	MIDDLE	LAST	20. DATE	OF DEATH	MONTH	DA	AY	YEAR	2b HOL	80
RINTS	TITTTTAM	т	нгрр			08	2	6	22	11-	10

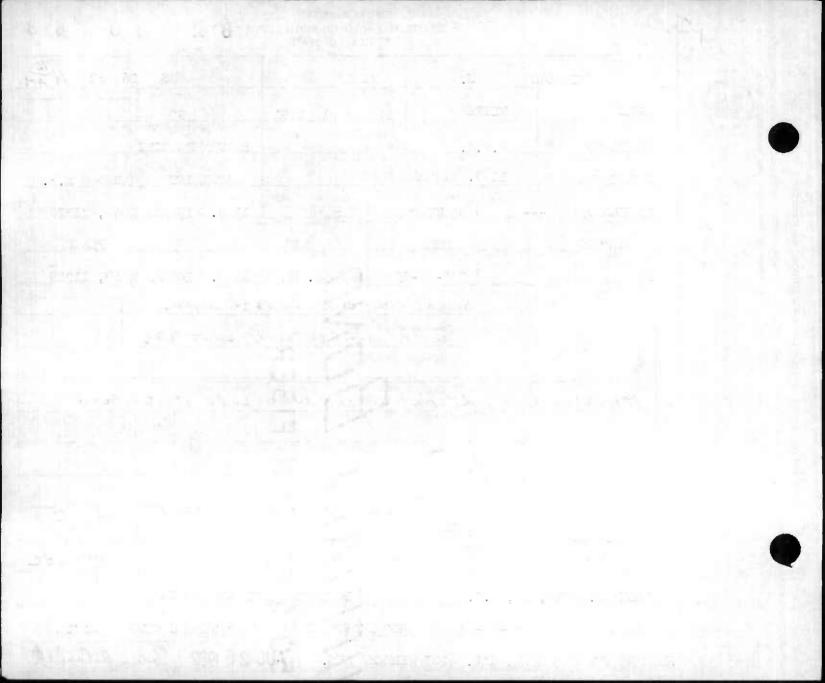
1	REGISTRAK				CERTII	ICAIL OIL	LAIII	REG. N	10.			
	ECEASED NAME	FIRST	,	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOURD
(17)		ILLIA	M	J.	Н	ERR			08	26	82	11-20
1, 58	EX		4 RACE			OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)		DER I YEAR	IF UNDER 24 HRS
	MALE		WHIT	CE.	11	O1	1891		90 YRS	MONIH	S DAYS	HOURS MIN.
7a. B	INTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D 🖾 NEVER /	AAPPIED []	9 BALTIMORE CITY	OR COUN	TY OF D	EATH	
	MARYLAND		U.S.	Α.	WIDOW	_	VORCED	BALTIMOR	E CIT	Y		3M
10.0	ITY OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, NURSIN	IG HOME	OR OTHER INST	ITUTION	120 USUAL OCCUPAT	NOIT	121	b. KIND O IDUSTRY	F BUSINESS OR
L	BALTIMORE		11 8	. WICKHA	M ROA	D		MACHINIS				R.R.
USU Ila.	JAL RESIDENCE (IF NUR	1136 COUR		GIVE RESIDENCE BEFORE		1 13d INSIDE C	ITV HAAITS2	13e STREET ADDRESS				
	MARYLAND	-		BALTIMO		YES 😡	NO 🗌	11 S. WIC	СКНАМ	ROA	D. 2	1229
14. F	ATHER'S NAME		MIDDLE			15 MOTHER'S	MAIDEN NA	ME			-177	
	FRANCIS		WIDDLE	HERR			DORA	WIDDLE			FLA	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADDR	ESS			
	NO	(		705-07-	6548	ROSE M	I. HERR	11 S. WIC	CKHAM	ROA	D. 2	1229
	18. CAUSE OF DEA	TH (Enter or	nly one cause per	line for (a), (b), and	dies						APPROXI-	MATE INTERVAL
CERTIFICATION	PART 2 OTHER SIG	TEN	SION,	ONTRIBUTING TO D	r 51	NOKE	WITH	INAL DISEASE OR CON	1374	(ES, WEF	E FINDIN	
Ħ								YES NO		YES	41.0020	NO 🗌
MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING [ ] (IF EITHER NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DE	HOUR A.	M. MONTH DA	19	216 HOW IN	,	RED (ENTER NATURE OF INJ			OUNTY	STATE
	220.1 certify that	ORK Chis hospi		- 100		nd that in my	, 19 (aur) apinion o	, to fus death accurred on the o	dote and h			
	all	uis.	Kerlin	4	MS	A	TTENDING PHYSICIAN	MEDICAL STA	CIAN [		8/-	26/82
	22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)			22e ADDRES	S					7
	ALBIN D.	KUHN,	II, M.	D.		1001	PINE H	EIGHTS AVE	NUE			
23o	BURIAL, CREMATION				AME OF C	EMETERY OR	REMATORY	23d LOCATION				
	BURIAL		08-28-	-82	NEW C	ATHEDRA	L	BALT IMO	RE CT	TY		RYLAND
-	UNERAL DIRECTOR		, , , , ,					FRECTO BY REGISTRAL			-	

DHMH - 16 50M 1/81 (VRA 15, 4)

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

AUG 26 1982

John & Coming



the state of the state of the state of the state of

\*\* HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detached for use as the build-transit permit. Then please remove carbon papers. Pages Land 2 hould be filed within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

page 3

I. DEC	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTA	AL HYGIENE \$2 "J	
(TYPE (	Tenc		. CERTIFICATE OF DEATH	0 6	2049
(TYPE (	EASED NAME FIRST	MIDDLE	IAST	REG. NO.	ONTH DAY YEAR 26 HOU
3. SEX	OR PRINT)		24	DATE OF DEATH	18
3. SEX	Hen	4	My	8/6	105
	1 4	4 ACE	5. DATE OF BIRTH  MONTH DAY YEA	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS
	M	\$	10 25 0	7 74	YRS.
7a. BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIE	9 BALTIMORE CITY OR	COUNTY OF DEATH
	S. C	USA	WIDOWED DIVORCE		timere Cital
IO CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME OR OTHER INSTITUTIO	120 USUAL OCCUPATION	
1	Baltime		Spirel	Reha d	VORKING LIFE   INDUSTRY
	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE OMISSION)		
	Many and 136 COU		OWN 138. INSIDE CITY LIM	- 111-0 0	a la d Ave
14 FA	THER'S NAME	Jack	15. MOTHER'S MAIDI		we land TVE
Y	oung	MIDDLE LAST Hill	FIRST	MIDDLE	Phillips
	AS DECEASED EVER IN U.S. A			ADDRESS	
	ES. NO OR UNKNOWN) (IF YES, G	IVE WAR OR OLITECH	0/-2SigElizabeth		
	No L			TITTT 4009 Grove	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), ED BY:	, and (ct.)		APPROXIMATE INTER BETWEEN ONSET AND I
		ATE CAUSE (0) YES TO LY	cake / condian	orrest	
	3/89	DUE TO, OR AS A CONSE	QUENCE OF		CE TOTAL
	Conditions, if ony, which	( (b) U.O.	ser GT. Glass		1.0
	gove rise to immediate cause (a), stating the	00	, , , , ,		
	underlying couse lost.	DUE TO, OR AS A CONSE			1.5
1	DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	ulcer	5 750	
			TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDI	TION GIVEN IN PART Tra
CERTIFICATION	19g. DATE OF OPERATION	diamyo pat	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	TO THE WAS A WAS TO THE TOTAL OF THE TOTAL O
5	INE DATE OF OPERATION	178. CONDITION FOR WAI	CHOPERATION WAS PERFORMED	206 AUTOPST?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
E .				YES NO	YES NO
	216. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE		DAY YEAR 216. HOW INJURY O	OCCURRED (ENTER NATURE OF INJURY I	IN ITEM 18 PART 1 OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	- Alli	19		
	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	N COUNTY ST
٤	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC ) STREET	CITY OR TOWN	COUNTY ST
l		oita) ottended the deceased from	m 8/5 10	82 10 8/6	10 CZ 4-164
		- 611 14.			and hour and from the causes sto
	obove (1) we) (did) (did no	n 19 ot) view the body ofter death		, and the dole	
	LEV. SIGINATURE	10	DEGREE	ING MEDICAL STAFF	226. DATE SIGNED
		1 Kushr	PHYSIC		8/6/XZ
	F' ()		22e. ADDRESS		
	228. PHYSICIAN'S NAME (TYPE	OR PRINT)			^
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	Six	· Hasin	al
	L. REn	OR PRINT	Sino	c Hospin	al
23a. 8l	22d PHYSICIAN'S NAME (TYPE  URIAL, CREMATION, REMOVAI  SPEBURIAL	100 000 000 000 000 000 000 000 000 000	31. NAME OF CEMETERY OR CREMAT Jion Hill Baptist		COUNTY S. C

The same of the sa - Colon and the first and a colonial in the Aug 1 Stranger County

#### DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH TYPE OR PRINTS 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH MONTH BIK 10 To BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) 3026 DAKFORD MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3026 YES TO NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO 17 INFORMANT Pages LIF YES, GIVE WAR OR DATES! (YES NO OR UNKNOWN) Rederick Williams 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: 2 IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF offe Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying cause last. ā NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Has PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DIVISION OF VITAL RECORDS, CATION 0 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED ă IN CERTIFYING CAUSES OF DEATH? per CERTIFI NO YES 🗔 Mental Hygi 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2) 00 phys HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OR TOWN ond the (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE D NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram DIRECTOR and that in (my) Lour opinion death occurred on the date and hour and from the causes stated

FOR

- STATE

REGISTRAR

22b. SIGNATURE

4 old be deta the State [ FUNERAL

IMPORTANT

shoul with 1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DEGREE

22e ADDRESS

300

ATTENDING"

PHYSICIAN

MEDICAL

23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECJEY) 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STAFF

DIRECTOR PHYSICIAN

YES [

COUNTY

COUNTY

22c. DATE SIGNED

REG. NO

YEAR

982

IF UNDER I YEAR

INDUSTRY

OAK FORD AVE

LAST

APPROXIMATE INTERVA

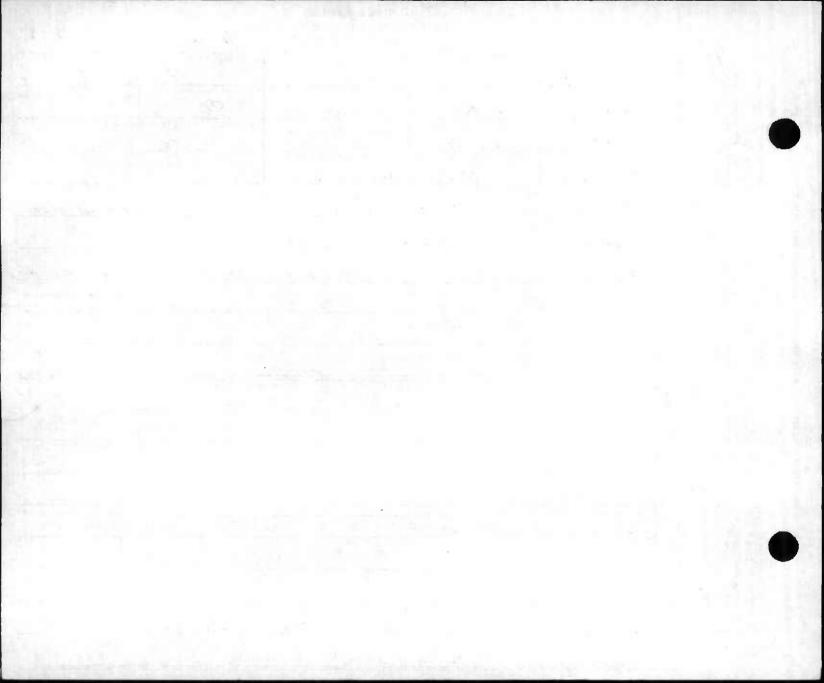
NO [

STATE

2b. HOUR

17h, KIND OF BUSINESS OR

IETIMOER 24 MPS



	6	1-	FOR STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 050 200	492
	K		REGISTRAR CEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	DAY YEAR Zb. HOUR
ļ,	سيد در در د		E OR PRINT)	OF ESTINATION OF	
1	ERAL DIRECTOR OR YOUR FILES THIN 72 HOURS FRED ON STREET	3 SEX	Bobb 4 RACE	S. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   2c. DATE MONTH	DAY YEAR 2d. HOUR
2	N S I S	ν.	MW	MONTH DAY YEAR LAST BIRTHDAY)  5/11/48  34 YRS.  ANONTHS DAYS HOURS MIN. PRONOUNCED DEAD  8	19 19 82 11:25
	SAL Y		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OF COUNTRY	
	S TONERS	S	outh Carolina	USA   WIDOWED   DIVORCED   Baltimore City	MD.
	PAGE 5	В	ty or town of DEATH altimore	University Hospital For Most of Working Life)  Electrician	26. KIND OF BUSINESS OR INDUSTRY
21201	AND 3 AND 3 SHOULD LRECOR		LE RESIDENCE (IF IN NUMBER OUN STATE	TO OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? YES X NO X 136. STREET ADDRESS 207 Hilltop Lane	- 35
MD.	23. N. H.	14. F/	ATHER'S NAME	MIDDLE LAST FRIST MIDDLE	LAST
RE,	L S A S A S A S A S A S A S A S A S A S	>	Bobby	Galloway Hines Betty Ruth	McElroy
IMO	AFIEK DAN H FORM A GES A	16a. V	VAS DECEASED EVER IN U.S. ARI	MED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS	Clover,
MALT	\$ ≥ + O &		No	248 82 4054   M. L. Ford & Sons, Inc.,	
17.	£ ∞ ≥ F. O		DARTINGATURALS CALIFORN	ly one couse per line for (p), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	IN 24 HO IN ITEM 1 ALONG SIT PERMI HYGIENE, MOVAL.		8880 IMMEDIA	TE CAUSE (o) Cranio cerebral trauma with complications  / DUE TO, OR AS A CONSEQUENCE OF	
REST			Conditions, if ony, which	DUE TO, OR AS A CONSEGUENCE OF	
ν.	AED WILL V PENCIL XAMINE AL - TRAN MENTAL N, OR RE		gove rise to immediate couse (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF	
201	N AEL	3	lying couse lost.	(r)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	DE EXECUTED ENDING" IN REDICAL EXA AS A BURIAL ALTH AND ME CREMATION,	N.	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
E	SE LOE J	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ITA	S S H S S S	F.			YES NO [X
NOF	E. THIS CRITICALE SHOW TE, WORD DRWARDED TO THE CHIE SE, PAGE 3 SHOULD BE US E STATE DEPARTMENT OF D, 21201 PR OR TO BOTH	AL CER	210. EXTERNAL CAUSE WAS  UNDERLYING X OR  CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOURXXXMONTH DAY YEAR  DEATH 1: 10pm 8 12 19 82 Subject fell	(2)
ISIO	SHOP	WEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, 211 LOCATION	
DIV	WRITING WRITING WARDED WARDED WAGE 3 SI TATE DEP	W	WHILE NOT WHILE C	street, Factory, Farm, etc.)  street  construction site 8305 Telegraph Rd.  A.	A. Md.
				ge of the remains described above, held an Autopsy , <u>Inspection</u> X, Inquiry , ond in my opinor couses , <u>Accident X</u> , Suicide , Homicide , Undetermined monner ,	nion
	IL EXAM  IE CERTI  OULD B  OULD B  IH, WITH		ACTUAL SIGNATURE	TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED	8/19/82
	TO MEDICAL EXAMIN PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH TO BALTIMORE, MARWIDA	1		M. Dixon, M.D. ADDRESS III Penn St. Balto.,	
	5 3 5 5 E 8 —	23a.B	URIAL, CREMATION, REMOVAL	CITY OR TOWN COUNT	TY STATE
	BP	LF	Removal	8/20/82 Bethany A.R.P. Cem. Clover,	S.C.
	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR Henry 905 York Road	y W. Jenkins & Sons Co. Balto., MD 21212 AUG 20 1982 Solus	GNATURE CALLES
	(VR A15 ME (5))	47	JOS TOTA ROAG	1 100 20 10L John	- when y

F Principle of the Construction Construction Clover E07 Filled Can Colored Turchise A RELT CHART THE CONTROL OF A CONTR THE STATE OF THE PROPERTY OF THE STATE OF TH Table 1971 Table 1971 Table 1971 Table 1971 Table 1971

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPAR		ICATE OF D		IENE 8 2	2	0	4 5	1 3
	CEASED NAME	FIRST	MIDDLE	l.	AST		2a. DATE OF DEATH	MONTH E	DAY YEAR	2b H	OUR
[177]	В	ERNARD	E.	HI	PKINS	Sr.		3 16	82	3:	30 a <sub>M</sub>
1. SE	X	4. RAC	E	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YE		IDER 24 HRS
- 1	Male		Black	5	21	23	59	YRS.	NOITH S	13 1100	TS MIN.
	IRTHPLACE (STATE OR	FOREIGN 76. CIT	IZEN OF WHAT COUNTRY	Y? 8	D NEVER A	AARRIED T	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
	MD		USA	WIDOWE		ORCED	Baltimo	ore C	City	100	MD.
1	Baltimore	e (#	AME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STRE JAMC BALTIMO	ET ADDRESS)		11UTION 21218	120 USUAL OCCUPATION OF WORK FOR MOST OF				INESS OR
13a. S	AL RESIDENCE (IF NUR STATE MD	13b COUNTY	NSTITUTION, GIVE RESIDENCE BEFI 13t. CITY OR TO Balti		13d. INSIDE C	ITY LIMITS?	136 STREET ADDRESS 638 E.	33rd	St.		
14. FA	Ellswo	rth	Hipkin	s		MAIDEN NA/	WE	1		LAST	
	WAS DECEASED EVER			CURITY NO.	17 INFORMA	NT	ADDRE	SS			
+	YES NO OR UNKNOWN)	(IF YES, GIVE WAR C	218-1	2-248	4 Octa	via H	ipkins 638	8 E.	33rd	. St	ī.
	Conditions, if ony gove rise to im cause (o), state underlying caus	mediote ng the e last.	(b) ASONO C. UE TO, OR AS A CONSEC	DUENCE OF			re lung				
×	PART 2 OTHER SIG	INIFICANT CONDI	TIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED	IO IHE IERM	INAL DISEASE OR CON	JII ION GIV	EN IN PAR	I IIo	
CERTIFICATION	190. DATE OF OPERA	ATION	b. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	IN CERTIF	S, WERE FIN	SES OF D	
	218, ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	IB. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJU				
MEDICAL	21d. INJURY OCCUP	VHILE (	e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE	OFFICE, FARM, ETC.)  21f. LOCATION STREET			CITY OR TOWN COUNTY STATE			STATE	
	220.1 certify that A sow the decea above, A (we)	(this hospital) at sed olive on A (did)	tended the deceased from UGUST 16 19 the body after death.			_, 19 <mark>82</mark> (our) opinion	, to <u>August</u> deoth occurred on the do	16, ate and hou		the couse	
	22b. SIGNATURE Reve	ca &	tomina	ch .	The state of the s		MEDICAL STAI		81	16/8	FD Z
	Rebec	ca L	Tominac	K	3900 I		ven Blvd. B	alto.	Md.	2121	8
23a.	BURIAL, CREMATION  (SPECE)  Burial		100 100		eterar		23d. LOCATION CITY OR TOWN	ai 1 1	COUNTY		STATE MD

DHMH - 16 50M 4/82 (VRA 15, 4)

with the State Dept WPORTANT, if then

24 FUNERAL DIRECTOR 1101 E. North Ave. C. March F/H

8/20/82

Md. Veteran Cem | 1250 DATE REC'D

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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65	A. Carrier
	Can
	DEC.

20494

FOR STATE REGISTRAR			IEALTH AND MENTAL HYC	GIENE 8 2 2 REG. NO. 2	0 4 9 4	
I. DECEASED NAME FIRST (TYPE OR PRINT) ELM			Y	20 DATE OF DEATH MONTH 8 14	25. HOUR 2:30P	
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS	
Male	White	I I I	22 DAY 07	75 YRS.	MONTHS DATS HOURS MIN.	
TO. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8	D 🖾 NEVER MARRIED 🗆	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
Maryland	U.S.A			Baltimore City	M	
10. CITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HOME (	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b, KIND OF BUSINESS OF	
Baltimore		Raven V.A. Hos	spital	Apprentice	Plumbing	
UAL RESIDENCE HE NURSING HO	ME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
Md.		Baltimore	YES NO	1325 Hollins St	t. (21223)	
14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	HAST	
Elmer	L.	Hissey Sr.	1		Sacks	
60 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
	WII	218 03 0847	Charlotte M.	Hissey (same as	s 13e)	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUENCE OF	V			
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> B  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERAT			TION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, W IN CERTIFYIN		
OR CONTRIBUTION C CAUSE O	F DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO Y	PART 1 OR PART 2)	
21d. INJURY OCCURRED	21e PLACE (	OF INJURY SEET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
220.1 certify that \$\mathbb{A}\$ (this has the deceased aliver above \$\mathbb{A}\$) (we) (did) \$\mathbb{A}\$ 22b SIGNATURE	aspital) attended the	to AUGUST 14, death accurred an the date and ha  MEDICAL STAFF DIRECTOR PHYSICIAN	, 19 <u>82</u> , that <b>X</b> (we) lo our and from the causes stated 22c. DATE SIGNED 8/14/82			
226. PHYSICIAN'S NAME (1	PPE OR PRINT)		3900 Loch Ra	ven Blvd Balto.	, Md. 21218	
236. BURIAL, CREMATION, REMO	VAL 236. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	

DHMH - 16 50M 4/82

24. FUNERAL DIRECTOR Balto., Md. 21225 ess (VRA 15, 4) George J. Gonce F.H. 4001 Ritchie Hgwy

LIAMELLA THELE . . . . . . . . . . The second model . The second of the second A THE AND THE STATE OF THE STAT Sittle .bij ..estat "Wir savret dans of the

ALO HOSPITAL OR ATTENDING PHYSICIAN The Geroined by the hospitol or attending physician:

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. N	10	2	0	4	9	1741 4
ATE OF	DEATH	MONITM		DAY	VEAR	Las LIGHT	_

Cardiai Dea	9 BALTIMORE CITY OR COUNTY OF DEATH  Baltimore (ity  120 USUAL OCCUPATION (ITYPOF WORK FOR MOST OF WORKING LIFE)  130 STREET ADDRESS  AME  Brunette  ADDRESS  OCK - 2525 E. Madison &  APPROPRIES  OCK - WILLIAM  APPROPRIES  OCK - WILLIAM  ADDRESS  OCK - 2525 E. Madison &  APPROPRIES  OCK - 2525 E. Madison &
OWED DINORCED DINORCE	Baltimore (ity  120 USUAL OCCUPATION (1YPBOF WORK FOR MOST OF WORKING LIFE)  130 STREET ADDRESS 4204 Antanna Ave  AME  Brunette  ADDRESS  OCK - 2525 E. Madison &  RETWEEN  APPROACH  Clicare
ME OR OTHER INSTITUTION    Skway     13d. INSIDE CITY LIMITS?   YES 1/2   NO	120 USUAL OCCUPATION (17PP OF WORK FOR MOST OF WORKING LIFE)  130. STREET ADDRESS AME  Brunette  ADDRESS  OCK - 2525 E. Madison &  Clicker
13d. INSIDE CITY LIMITS? YES 15 NO 1  15 MOTHER'S MAIDEN NAM FRANCE B.  10. 17 INFORMANT  13 Edward L. Ho  Cardiac Dea	Brunette  ADDRESS  AD
Frany B. 17 INFORMANT 43 Edward L. Ho Cardiai Dea DF any artery DF	Brunette  ADDRESS  ADDRESS  ADDRESS  ADDRESS  APPROPRIE  APPROPRIE
Cardiai Dea	ock - 2525 E. Modison & APPRO SETWEEN disease
Cardiai Dea	all nopoble structures
ATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FIND IN CERTIFYING CAUSE
21c. HOW INJURY OCCURR	YES NO YES C
21f LOCATION	CITY OR TOWN COUNTY
DEGREE ATTENDING	death occurred whe date and hour and from the
27 ADDRESS	0+111-1
4	21f LOCATION  1c) 21f LOCATION  STREET  19  -, ond that ir (my) our) opinion  DEGREE  ATTENDING PHYSICIAN

a took . Trooks \ m = m while examined when of or it. 1812 fustion warming our manes welling , C 2 ) A STATE OF THE STA 17.9412 4501 ALTERNATION OF THE STATE OF THE the said the said of the said wind --- 2 our owner on also, it. on, it of now it only

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YLAND 21201	thin 24 hours after deoth. Poge 4	ely filled in by the function of section 2 should be filed within 2. Should be the	15	ISUA 130 ST
RE, MAR	ecuted w	d comple	No.	160 W
ALTIMO	te be ex	pers. Pog	the med	(YE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	• TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after-death. Page 4 vetained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling in the should be detached for use as the burial-transity permit. Then please remove carbonappers. Pages 1, and 2 strond by the state Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked at Item 18 shows any injury, or ather traumatic event, the medical ax	MEDICAL CERTIFICATION
40	7			23a. BU

DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND BEALTH AND MENT ICATE OF DEAT		IENE 8	2 REG. NO	2	0	6	9	6
		CEASED NAME E OR PRINT)	EDITI		MIDDLE		CKENBERR	v	20. DATE OF		8 82	DAY	YEAR	26 HO	2 EA
	3. SE	FEMALE		4. RACE WHIT		5 DATE (	OF BIRTH	EAR	6 AGE (INY	EARS LAST BIRT	HDAY)	IF UNDER	DATS	IF UNDER	Z JM
5		RTHPLACE (STATE OR COUNTRY)		76. CITIZEN OF	·A.	RY? 8 MARRIE WIDOWE	D NEVER MARRI		9 BALTIMO	timor			ATH		MD
Č	B	ITY OR TOWN OF DE altimore	ATH		HOSPITAL, NUI		OR OTHER INSTITUTI	ON	12a USUAL O	OCCUPATION OF THE PROPERTY OF	ON WORKING LIF	12h K INDU	(IND O	F BUSIN	ESS OR
5	13a. S <b>Ma</b> .	AL RESIDENCE (IF NUR STATE TYLAND ATHER'S NAME	13b. COUN	OTHER INSTITUTION TY	GIVE RESIDENCE BE 13c. CITY OR T Beltimo	OWN	13d INSIDE CITY LIV YES NO		134 STREET	Old F	reder	ick	Roa	d	
2		late Thoma	as Gai	mble	LAST		late	Mar		Gem			LAST		
1	16a V	WAS DECEASED EVER		WED FORCES? E WAR OR DATES)	165 SOCIALS	4 6392	Mr Wayne	Cur	ry 87	80 To			.043 itry		rd.
	NO	Conditions, if any gove rise to im cause (a) stati underlying cous	mediate ng the e last.	DUE TO, O	R AS A CONSE	OUENCE OF	NOT RELATED TO THE			E OR ONE	DITION GIV	EN IN P	ART I to		
7	CERTIFICATION	190 DATE OF OPERA		_	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED		200 AUTO	PSY?	20b. IF YES IN CERTIF YES				TH?
Î	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEAT	21e PLACE	M. MONTH	19	21f LOCATION STREET	OCCURR	RED (ENTER NA	TURE OF INJUR		ART 1 OR P			STATE
		22a   certify that (H saw the decemendation of the saw that t	(this hospit	B-1	after death.	982/.01	nd that in (my) (our) DEGREE	-					am the c	hot (I) (causes st	we) last ated
1		22d. PHYSICIAN'S N			es		ATTEN PHYSI 22e ADDRESS	CIAN [	MEDICAL DIRECTOR	STAF PHYSIC					
		BUTIAL	, REMOVAL	Aug. 2			te Cemete	ry	23d. LOCA	eanet	te, P	county	ylv	anis	STATE
	24 F	UNERAL DIRECTOR			ADDRE	C 6	100	250 DATI	E REC'D. BY R	EGISTRARI	SI GISTI	RAR'S SI	IGNATI	JRE	

Harry H Witzke 4112 Columbia Rd Ellicott City AUG 1 9 1982

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did encelulat	X	.4.5.0	Powsaylyands
of lesson.	Ja	lqeof wepDATB	Belgisle
1623 Old Stretchick Road		guida Led	Findings.
Many Causin wall	pref		Accordance G
Curry of Street & Country Elvis.	cage We Norma	AT OUR	
	melecule	Trophy	
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Strawighment carrieries of	Terounte Cuatier	, xx.s,vi . ma	Julus.
	v#10 ###################################	AT SUCH PARTY BY	Derey H Miles &

ATTENDING PHYSICIAN: The low requires that the

retained by the haspital or attending physician.

page 3

and 2 shauld be filed within and campletely filled in by th

should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

IMBORTANT: If Item 21 is marked or Item 18 s. 64 any injury, or other traumatic event, the

may be

#### STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

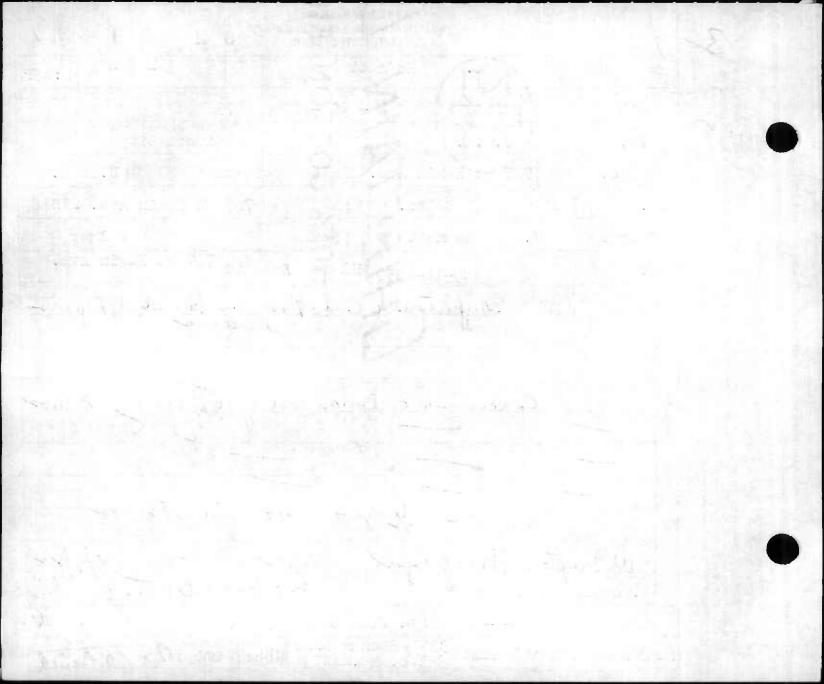
					-	
62	5)	2	n	6.1	9	
O	REG. NO.	dies	C)			
	NLO. INC.					

L	REGISTRAR		4411111		REG. NO.		
	DECEASED NAME FIRST	A .	Hodne	ett	20. DATE OF DEATH ASN'TH	6 -82	26. HOUR 2:45P <sub>M</sub>
	Male	White	S. DATE C	= 20° - 0°9	6. AGE (IN YEARS LAST BIRTHDAY) 73	MONTHS DAYS	
	BIRTHPLACE (STATE OR FOREIGN	IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW		D X NEVER MARRIED DIVORCED	Baltimore City or Count		MD.
	Balto.	747 MC Kew	in Ave.		12a USUAL OCCUPATION Teacher for working	LIFE) 12b. KIND (	of Business or M.
	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE			134 INSIDE CITY LIMITS?	13747 Mc Kewir	a Ave.	21218
1	George	Modna Hodna	ëtt	Maurde	AME MIDDLE	Palma	ðr
	MAS DECEASED EVER IN U.S. AR	E WAR OR DATES!	1. SECURITY NO.	Mildred Ho	dnett 747 Mc F	Kewin A	lve.
5	Conditions, if ony, which gove rise to immediate couse ios, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT ( The DATE OF OFERATION  The ACCURRY WAS UNDERLYING [	DUE TO, OR AS A CON  DUE TO, OR AS A CON  TONDITIONS CONTRIBUTION  THE CONDITION FOR V	ESEQUENCE OF	NOT RELATED TO THE SERVI	The AUTHORITY 200 IF TO	IVEN IN PART I	NGS USED
	THE SOLVE WITH THE SO	The PLACE OF INJURY	from	that in (my) (our) apinion	RED I TO GLAS OF HANDER	county	that (1) (we) last
7	22d. PHYSICIAN'S NAME (TYPE OF THE PROPERTY OF	Hersperger	ingin	PHYSICIAN 4	MEDICAL STAFF DIRECTOR PHYSICIAN	to Be	ulling
	Burial, cremation, removal Burial	8-9-82	St. Jo	hn Cemetar	y Hydes	<b>√</b> 2 .	MA.

DRMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Schimunek Funeral Home

3331 Brehms Lan es Date REC'D. BY REGISTRAR'S SIGNATURE Balto. Md. 21213 AUG 1 1082



STATE OF MARYLAND

8	REG. NO.	2	0	Out	9	60
	REG. NO.					

L	Ł	- STATE REGISTRAR			CERTIFICATE OF DEATH 8 REG. NO. 2 0 4					9 8	
ŧ		3 SEX MALE CAU		MIDDLE	HOFFMAN			20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 28 82 916 A			
-				JCASIAN 5. DATE OF E		DF BIRTH	1897			UNDER LYEAR IF UNDER 24 HRS	
Z		RUSSIA	7b. CITIZEN OF WHAT COUNTRY  USA		MARRIED NEVER MARRIED WIDOWED DIVORCED		BALTIMORE CITY  BALTIMORE CITY			MD.	
	(IF NOT IN SUCH			SINAI HO	OSPITAL, NURSING HOME OR OTHER INSTITUTION 1FACILITY, GIVE STREET ADDRESS) SINAI HOSPITAL			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TAILOR 12b. KIND OF BUSINESS OF TOP OF WORKING LIFE) INDUSTRY DEPT. STOR			
5	12a	MARYLAND 136 COU		BALTIMO	/N	YES X	TY LIMITS?	13e STREET ADDRESS 4173 LABY	RINTH R	D.	#21215
1		SAMUEL	MIDDLE	HOFFM			ANNIE	MIDDLE			OWN
1	16a V	VAS DECEASED EVER IN U.S. AF YES NOOR UNKNOWN) (1F YES, GI	RMED FORCES?		SOCIAL SECURITY NO. 17 INFORMANT MRS. SOPHIADHOFFMAN						
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE HILL OF IMMEDIA Conditions, if any, which gave rise to immediate cause in stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OI  DUE TO, OI  (c)	R AS A CONSEQUI ATHER	ENCE OF	20176		ARY ARTERY		20	year
1	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATIO					200 AUTOPSY?  YES NO	206 IF YES, WIN CERTIFYIN	VERE FINDIN	GS USED	
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING AUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CIFE THE NOTIFY MEDICAL EXAMINER)  21b. TIME OF INJURY  AMONTH DAY YEAR  P.M. 19					RY IN ITEM 18 PART	I OR PART 2)			
	MED	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET CITY OR TOWN						COUNTY	STATE		
		220.1 certify that (I) (this haspital) attended the deceased fram									
_		22b. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						8.2	8.82		
		EDUAR	20 A	NHALT		22e ADDRESS	mai	Hospite	J', B	all.	MD.
	■ 23a B	BURIAL CREMATION, REMOVAL	23h DATE	23 ( )	NAME OF C	EMETERY OR C	DEMATORY	23d LOCATION			

DHMH - 16 50M 1/81 (VRA 15, 4)

BURIAL AUG.30,1982

BNAI JACOB LODGE

21215

BALTIMORE

MARYLAND

24 FUNERAL DIRECTORSOL LEVINSON & BROS. INC. 6010 REISTERSTOWN RD. BALTO., MD

250 DATE REC'D. BY REGISTRAR 256 SEP 1 1982

may be

ond

## STATE OF MARYLAND

ND MENTAL HYGIENE OF DEATH

8	REG.	NO	2	0	A.	9	9
OF	DEATH	MONTH	DAY	VEAS		2h HOUD	

FOR - STATE REGISTRAR			DEPARTMENT OF HEALTH A  CERTIFICATE (		
ECEASED NAME	FIRST	WIDDLE	LAST		
PE OR PRINT)	LLIAM	D.	HOFFMI		
EX	4 RACE	_	5. DATE OF BIRTH		

				REG. N	0		
	1 DECEASED NAME FIRST	MIDDLE 1	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	No HOUR
1	(TYPE OR PRINT) WILLIAM	D. HOI	FEMAN		8 5	821	0:30 Pi
1		RACE 5. DATE O		6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
	Male	Black 8	2 98	84	YRS.	THS DAYS	HOURS MIN.
Й	To BIRTHPLACE (STATE OR FOREIGN Th.	CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY C	_	DEATH	1
J	NC	USA WIDOWE		Balt	imore	City	MD.
2		. NAME OF HOSPITAL, NURSING HOME O	OTHER INSTITUTION	12a USUAL OCCUPAT			BUSINESS OR
9	Baltimore	South Baltimore	General Ho	20	2	->	
1	USUAL RESIDENCE (IF NURSING HOME OR OTH	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		13e STREET ADDRESS			
1	13a STATE 13b COUNTY Mcl Balt	Amore Baltimare	YES NO	124 W	s Fran	blin 3	of TF Ho
1	14 FATHER'S NAME FIRST MIDE		15. MOTHER'S MAIDEN NAM	ME MIDDLE		1467	744
	George	it off man	Susan		54	Tucin	le
1	160. WAS DECEASED EVER IN U.S. ARMEL	.0.000.000	17. INFORMANT	ADDR	ESS		
	Unknown	212 10 2228	Patrosts	ر المحدد	hart		
	18 CAUSE OF DEATH Enter only o	one cause per line far (a), (b), and (c)				APPROXIMA BETWEEN ON	SET AND DEATH
	IMMEDIATE C	1 - 1			100		
	1619	DUE TO, OR AS A CONSEQUENCE OF	,				
	Canditions, if any, which	( 16) Cancer of	Laryox &	nouth			
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	3				
	underlying cause lost.	(c)					
	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN I	IN PART 110	
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING						
	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED			S, WERE FINDINGS USED FYING CAUSES OF DEATH?	
	ALL LANGE CONTRACTOR OF THE PROPERTY OF THE PR			YES NO YES NO			
	00.50	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	- William William To the College	RY IN ITEM 18 PART I	ORPART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		人声联	P4-		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
- 1	VHUE □ NOTWANG □						

AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 19 62 that (I) (we) last sny leceased alive on (we) (did) (did not) yew the body ofter death. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

226 SIGNAT DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e. ADDRESS

3001 Hanover CAMPO

230 BURIAL, CREMATION, REMOVAL BUY (a. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN -85 8+10

250 DATE REC'D. BY REGISTRAN 256 REGISTRAN'S SI

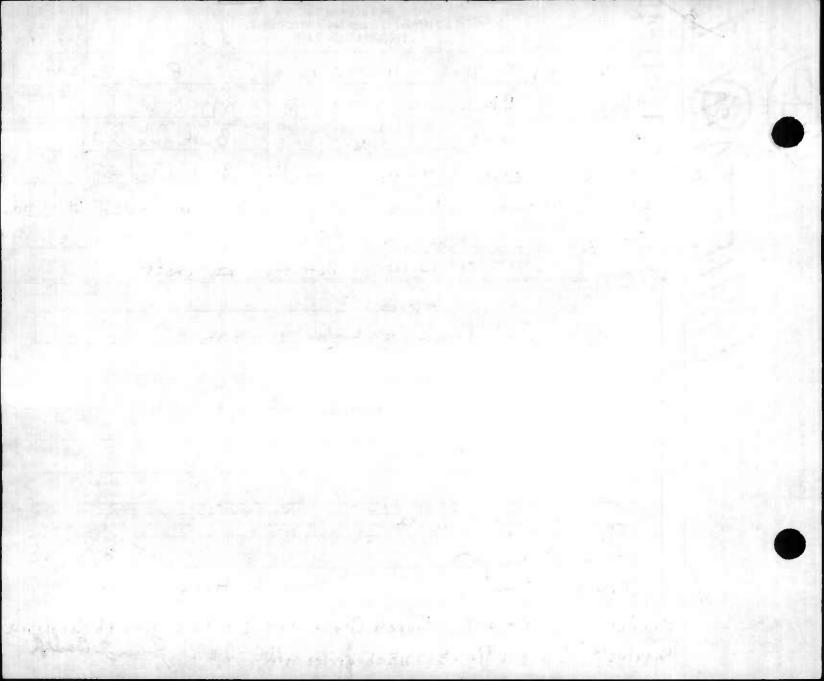
DHMH - 16 50M 1/81 (VRA 15, 4)

ATTENDING

should be detached for use as

MPORTANT: If Item 21 is

TO FUNERAL DIRECTOR



Į.	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  8 2  REG. NO. 2 0 5 0 0						
		CEASED NAME DONNA E OR PRINT)  DONNA  ON NO	Louise	HOLBERT		20. DATE OF DEATH MONTH DAY YEAR 26 HOU 9/2			26 HOUR 917 PM
3	3. SE	×	CAUC	S. DATE O		6 AGE (IN YEARS LAST BIRTH)		INDER I YEAR	IF UNDER 24 HRS
35		IRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?		DX NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR	COUNTY OF	DEATH	MD.
38		BALTO	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VIN VERSITY		OR OTHER INSTITUTION MARYLAND	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Housewife		12h KIND O INDUSTRY Home	F 8USINESS OR
35	13a :	ARYLAND Washi			134 INSIDE CITY LIMITS?	13e. STREET ADDRESS RT2 BOX/6	66, WI	LLIAM	PORT MD.
2/0		Lester ( 0	bert Wile	s	15 MOTHER'S MAIDEN NAM	Elizabet	h	Harmon XXX	
2			MED FORCES?   166. SOCIAL SECU WAR OR DATES!   234-82-6		Earl Ababei	ADDRESS	Kt.2	Box #	225 V 26416
event, th		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED	N		sectricular to	kart Faile	el	APPROXI BETWEEN C	MAYE INTERVAL DINSET AND DEATH
other traumatic		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) Through  DUE TO, OR AS A CONSEQUE	00365	of Mitral V	alve Prosth	osis -	24.	0
injury. ar	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	nal disease or condi	TION GIVEN	IN PART 1:0	1
You 2	CERTIFICATION	19a DATE OF OPERATION 08-05-82	196 CONDITION FOR WHICH Throwbosis	OPERATIO	litral Value	YES NOW	20b. IF YES, W IN CERTIFYIN YES [	IG CAUSES	
Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT LIFE EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (INTERNATURE OF INJURY	IN ITEM IB PART	OR PART 2)	
a pa	MED	21d INJURY OCCURRED	21e. PLACE OF INJURY LATHOME STREET FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	7	COUNTY	STATE

08-05-82	Thrombosis of	litral Value	YES NOW	YES [	S OF DEA
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJÜRY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRED	O (INTER NATURE OF INJURY	r IN ITEM IB PART 1 OR PART 2)	
WHILE NOT WHILE	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	

22a I certify that (I) (this hospital) attended the deceased fram

sow the deceased alive an OS OS abave, (1) (we) (did P(did nat) view the body after death ond that in (my) (our) opinion death occurred on the date and hour and fram the causes stated

DEGREE 22c DATE SIGNED MEDICAL

22e. ADDRESS So. Greene St., Lincola

23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial Aug. 11, 1982 Greenlawn Mem. Park

23d LOCATION
CITY OR TOWN
WilliamsportWashingtonMaryland

Major M. Osborne P.O. Box # 348 Wmspt, MD. 21795

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR: After this certificate has been

etained by the hospital

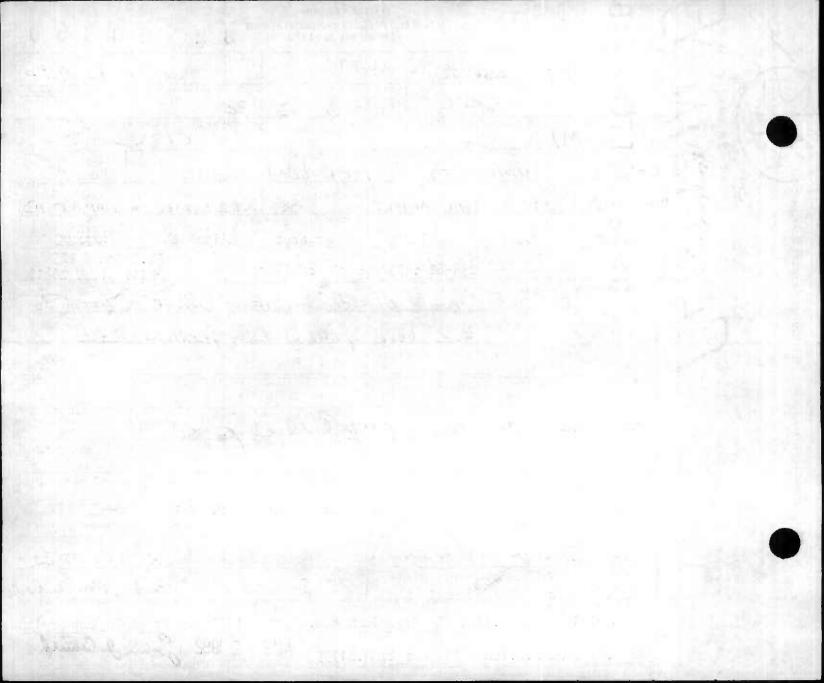
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hould be detached for use as the burial-transit permit.

morked or

MPORTANT: If Item 21

24 FUNERAL DIRECTOR



/	1.	FOR - STATE REGISTRAR	)	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENE 8	2	0 5	0	1
\	Мс		ELAN)	MIDDLE	117),	HOLLOWAY S	20 DATE OF DEATH		4 82	PSS HOUR	PM
		lale	4 RACE Blac		5. DATE (		6. AGE (IN YEARS LAST B	1 YRS.	FUNDER LYEAR	HOURS A	MRS.
0	N.	IRTHPLACE (STATE OR FOREIGN COUNTRY) Carolina ITY OR TOWN OF DEATH	U	WHAT COUNTRY?  SA  HOSPITAL NURSIN	MARRIE	D NEVER MARRIED DIVORCED DOROTHER INSTITUTION	9. BALTIMORE CITY OF BALTIM	ORE C	ITY,	F BUSINESS	MD.
2	UsU.	Baltimore AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	CHFACILITY, GIVE STREET ADDRESS) ai Hospital			(TYPE OF WORK FOR MOST			1 BOSHAESS	
5	Ma	ryland 13b CO	UNTY	Baltim		13d INSIDE CITY LIMITS?	2632 Ce	cil Av	venue		
0	14. F.A	Horace	WIDDIE	Hollast o	way	Hattie	WE		Wa1k	er	
1	1	MAS DECEASED EVER IN U.S., A YES NO OR UNKNOWN) (IF YES, I	ARMED FORCES? GIVE WAR OR DATES)	244-16		Wilmer G.	Holloway		Cecil	Ave	nue
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU  400  Conditions, if any, which gave rise to immediate couse (or, stoling the	SED BY.  IATE CAUSE (a)  DUE TO, O  (b)	CARDA RAS A CONSEQU AUNE	WYOC	NIC SHOCK			APPROXI BETWEEN 2h	MATE INTERVAL DINSET AND DEA	тн
		underlying cause last	197	O, OR AS A CONSEQUENCE OF CV. D  NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN					20 years		1
7	CERTIFICATION	19a, DATE OF OPERATION				n was performed	20a AUTOPSY?  YES NO	20h IF YES, IN CERTIFY YES	WERE FINDIN	GS USED	_
7	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	P. PLACE	M. MONTH D. M. OFINJURY	19	211 LOCATION	RED (ENTER NATURE OF INJU		COUNTY	STATE	
	2	WHILE NOT WHILE 220.1 certify that (1) (this hose sow the deceased olive of	spital) attended th	e deceased from _		, 19	, ta		9	hat (I) (we)	lost
		obove, (I) (we) (did) (did)		ofter death.		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF \	22c. DATE		
		22d PHYSICIAN'S NAME (TYPE	E OR PRINT)	HALT		oucu /	tospital	Bu	elt. 2	10-	

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate hos been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, or removal.

IMPORTANT: If Item 21 is morked ar Item 18 shows ony

230 NAME OF CEMETERY OR CREMATORY

Junai Hospital

8/19/82

23a. BURIAL, CREMATION, REMOVAL
(SPECIFY)
BURIAL
24 FUNERAL DIRECTOR

Pk. Md. Nat. Mem.

Zad LOCATION
CITY OR TOWN
Laruel,

COUNTY

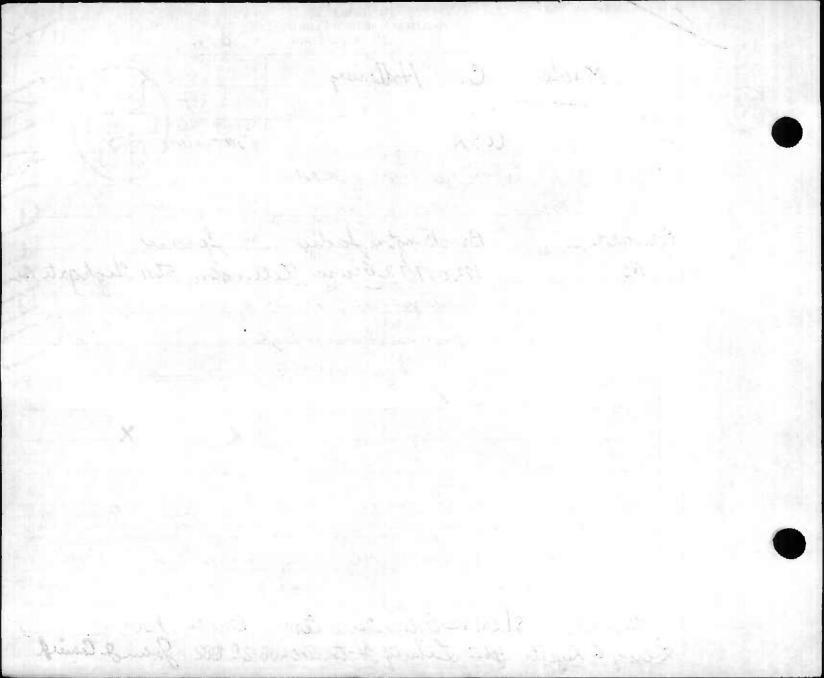
Md.

March F/H 1101 E. North Avenue

6 1982

MARINO RUS SECTIONS DE SERVICIONES DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTI

8	- S	OR TATE EGISTRAR	DEPARTM	STATE OF MARTLAND  SENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	2 7	2 0 5 0
4 (1	DECE/	ASED NAME FIRST Mable	· C	tollowary	REG. NO.  20 DATE OF DEATH MONTH	2482 6:10
1	SEX	femole	Negro	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER MONTHS DATS HOURS
201	MCOU	NTRY) USA	CITIZEN OF WHAT COUNTRY?  USA  NAME OF HOSPITAL NURSING	MARRIED NEVER MARRIED UNDOWED DIVORCED	BALTIMORE CITY OR COL	UTY
43	BK	LTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET A  SOLA TH BALT  HER INSTITUTION. GIVE RESIDENCE BEFORE.	MORE GENERAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINE INDUSTRY
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s. Pages e medical	ives.	DECEASED EVER IN U.S. ARME		720livia Te	llington 57	11 Highga
emovol.	18	PART I. DEATH WAS CAUSED B	BY: 1.	whommy Brees	4.	BE THEN ON BY AND
ve corbi		onditions, if ony, which	DUE TO, OR AS A CONSEQUE			1144
ease rema iol, cremat ar other tro	9	ove rise to immediate ouse 101, stating the nderlying cause last	DUE TO, OR AS A CONSEQUE	/		137
, y	P/	ART 2. OTHER SIGNIFICANT CO	NOITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	VIGIVEN IN PART 1(0)
Hygiene prior to be 18 shows any injur	190	DATE OF OPERATION	196 CONDITION FOR WHICH C	dperation was performed	YES NO NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEAT YES NO
		ACCIDENT WAS UNDERLYING      CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19	RRED (ENTER PATURE OF INJURY IN ITE	M IS PART   OR PART 2)
alth and Mental morked or Item		MILE NOT WHILE WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION	CITY OR TOWN	COUNTY 51
of Heals	220	sow the deceased alive on above, (I) (we) (did) (did not) v	19	. ond that in (my) (our) opinion	to 6/24  death occurred on the date and	d hour and from the causes sta
State Dept.	22	b. SIGNATURE HE	on Mila	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
with the State	220	TEVEN GILE	5 MD	220 ADDRESS		un ove Bult 2
5 ≥ ≥ 230	e. BURI	Sural	23b. 9 ATE 8 28 82 Ced	AME OF CEMETERY OR CREMATORY	Balto 1	ma COUNTY 51
OM 1/81 24	FUNE	RAL DIRECTOR	1. 0 1	250. DA	TE REC'D. BY REGISTRAR 256	BISTRAR'S SIGNATURE



Wm. C. March F/H 1101 E. North Avenue

FOR

REGISTRAR

FIRST

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

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INDUSTRY

YES [

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COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22r. DATEISIGNED

Md.

26 HOUR

12b. KIND OF BUSINESS OR

Roberts

APPROXIMATE INTERVAL

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NO

STATE

7:19pn

IF UNDER 24 HRS

20 DATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

	REGISTRAR CEASED NAME FIRST OR PRINT		DOLE	CERTIFICAT	HOPES	2a. DATE OF D	REG. NO.	DAY YEA	R 2b HC
	STAFFOY		Morrian	(Ho	Pe)		8	8 8	211
3. SEX	Marka	4. RACE Bla		5. DATE OF BIRT	H DAY YEAR	6 AGE IN YEAR	BIRTHDAY)	MONTHS DA	EAR IF UND
7n BIE	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		12	07	O BAITIMODE	CITY OR COU		
15	· · · Va-	us	SA	WIDOWED	DIVORCED [	Ba	to, C	ity	1
B	ato. City	UF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET AI	HOS C	)	120 USUAL OC	CUPATION OR MOST OF WORKIN		ID OF BUSII
13a. S	AL RESIDENCE (IF NURSING HOW COLLING TO THE LIBERT TO THE		Balto	1 13d In	NSIDE CITY LIMITS?	13, STREET AD	2.4	Bon	7 8
14. FA	THER'S NAME	MIDDLE	LAST	15. MG	OTHER'S MAIDEN N		AIDDLE		LAST
	VAS DECEASED EVER IN U.S. A (IF YES, G	IVE WAR OR DATEST	66 SOCIAL SECUR 212-09-4		FORMANT	TT15 6	ADDRESS	mou	1
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUEN	NCE OF					
TIFICATION	PART 2 OTHER SIGNIFICANT  STA  190 DATE OF OPERATION	ge F	NTRIBUTING TO DE	EATH BUT NOT R	Pisea	200 AUTOPS	Y? 20b. IF IN CEI	YES, WERE FIN RTIFYING CAU	IDINGS US SES OF DE
ICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  END STA  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFETHER, NOTIFY MEDICAL EXAMINE	196 CONDIT	INJURY MONTH DAY	DPERATION WAS	DISEA PERFORMED	Se	Y? 20b. IF	YES, WERE FIN RTIFYING CAU YES []	IDINGS US SES OF DE
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG. N	10. 2	39-	0	5	(	)	
ATE OF	DEATH	MUNITAL	DAY	VE	AP	21 11	OLUB	_

	STATE REGISTRAR		DEPARIM		IEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	NO. 250	0, 5	0 5
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
LITTE	Rockvell	A	LONSO	Horr	,		8/22	182	1:15p
3. SEX		4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST I		IF UNDER I YEAR	IF UNDER 24 HR
	Male	White		MONTE	-29-1915	67	VDS	MONTHS! DAYS	HOURS MI
	THPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
C	Washineton	TISA		MARRIE	D NEVER MARRIED 🔠				
CI	TY OR TOWN OF DEATH	11. NAME OF		G HOME	OR OTHER INSTITUTION	Baltimor			OF BUSINESS C
Ba	altimore	Wyman	CHEACILITY, GIVE STREET A	th Sy	stem. Inc.	(TYPE OF WORK FOR MOST	OF WORKING LI	FE) INDUSTRY	me Ser
Ju S	RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION	136 CITY OR TOWN Baltimo:	4	13d. INSIDE CITY LIMITS?	13. 1608 XXXXX Park	Ave	21217	
	THER'S NAME				15. MOTHER'S MAIDEN NA		. 2210	East of East of	
F	Robert Rock	well	Horn		Fay	M. WIDDLE		Jenning	ST <b>S</b>
se W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADD	RESS		
,,,	ES NO OR UNKNOWN) (IF YES, GIV	- TAN ON DATES,	539-10-0	877	Laura A. LaF	oe Same	as 13e		
	Canditians, if any, which	(b)_	Bronchoge:	11 C (	'amormo of t				
NO.	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM		NDITION GIV	VEN IN PART 1	a
INCARON	cause (a), stating the underlying cause last.	conditions corructive	ontributing to di	NCE OF  EATH BUT  Dise	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
9	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  Chronic Obstr	CONDITIONS COUNTING CONDITIONS COUNTING CONDITIONS COUNTING COUNTI	RAS A CONSEQUER ONTRIBUTING TO DI Pulmonary ITION FOR WHICH C	EATH BUT Dise	NOT RELATED TO THE TERM	INAL DISEASE OR CO	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED
3	Cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONTROL OBST.  Chronic Obst.  10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	CONDITIONS	ONTRIBUTING TO DI PULMONARY  OF INJURY  M. MONTH DAY	EATH BUT  Dise  OPERATIO  Y YEAR  19	NOT RELATED TO THE TERM PASSE N WAS PERFORMED	INAL DISEASE OR CO	20b. IF YES IN CERTIF	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH?
MEDICAL	PART 2 OTHER SIGNIFICANT C  Chronic Obst:  9a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	CONDITIONS	ONTRIBUTING TO DI PULTION FOR WHICH O OF INJURY M. MONTH DA' M. OF INJURY REEL FACTORY, OFFICE, FA THE deceased from	Dise Dise DPERATIO  Y YEAR 19 RM, ETC 1	NOT RELATED TO THE TERM  PASS  N WAS PERFORMED  21c HOW INJURY OCCURR  21f LOCATION STREET  8/19/ 19.82  nd that in (my) (aur) apinian of	200 AUTOPSY?  YES NO ENTER NATURE OF IN.	20b. IF YE. IN CERTIF YE. URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES S PART ( OR PART 2)	NGS USED S OF DEATH? NO STATE
MEDICAL	Cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  Chronic Obst:  90 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER LAT WORK  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hasping saw the deceased alive an abave, (1) (we) (did) (did not 22b. SIGNATURE	CONDITIONS	ONTRIBUTING TO DI PULMONARY  OF INJURY  M. MONTH DA'  M.  OF INJURY  REET, FACTORY, OFFICE, FA	Dise Dise DPERATIO  Y YEAR 19 RM, ETC 1	NOT RELATED TO THE TERM  PASS C  N WAS PERFORMED  21t HOW INJURY OCCURR  21t LOCATION STREET  8/19/ 19.82  nd that in (my) (aur) apinian of physician C	INAL DISEASE OR CO  200 AUTOPSY?  YES NO CITY OR IN.  CITY OR IN.  death accurred an the	20b. IF YE. IN CERTIL YE. URY IN ITEM 18 F	S, WERE FINDI FYING CAUSES S PART ( OR PART 2)	NGS USED 6 OF DEATH? NO  STATE
MEDICAL	PART 2 OTHER SIGNIFICANT C  Chronic Obst:  9a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no	CONDITIONS	ONTRIBUTING TO DI PULMONALY  OF INJURY  M. MONTH DAY  M. OF INJURY  REEL, FACTORY, OFFICE, FA  The deceased from  19  after death	Dise Dise DPERATIO  Y YEAR 19 RM, ETC 1	NOT RELATED TO THE TERM  PASS OF THE TERM  216 HOW INJURY OCCURE  216 LOCATION  STREET  8/19/ 19.82  and that in (my) (aur) aprinian of the passes of the	INAL DISEASE OR CO  200 AUTOPSY?  YES NO CITY OR IN.  CITY OR IN.  death accurred an the  MEDICAL ST.  DIRECTOR PHYS	20b. IF YE. IN CERTIL YE. URY IN ITEM 18 F	COUNTY	NGS USED 6 OF DEATH? NO  STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

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MICH	TO HOSPITAL OR ATTENDING PHYSICIAN. The law verietained by the hospital or attending physician.	TO FUNERAL DIRECTOR After the certificate has been signed by the interesting physician and containing the leavest should be detectively for use as the burnal frames permit. Then please remove carbon papers. Pages 1 £74,7 Hould be with the Stote Desir of Hadiff and Mental Mygares prior to burial, cremation, as removal.

DHMH - 16:50M 1/81 (VRA 15, 4)

DEPARTN	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	2 0
WIDDIE	LAST	20 DATE OF DEATH	MONTH DAY
НС	UGHTON	AUGUST 2	
RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	
White	Feb. 19, 1902	80	YRS.
CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE
U.S.A.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑	BALTIMOR	E_CITY
. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
	KINS HOSPITAL	Homemak	_
HER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimo	N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1713 N. C	alvont S
1 Date mio	15. MOTHER'S MAIDEN NA		alvert 3

FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENE 8 2	NO.	2 0 5	0 6
1. DECEASED NAME	FIRST	WIDDIE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	RRIE	но	UGHT	ON	AUGUST	25 1	1982	08:260
1 SEX	4 RACE		5 DATE O	DAY WEAR	6 AGE (IN YEARS LAST 8	IRTHDAY)	MONTHS DAYS	HOURS MIN.
Female		ite	Feb.	19, 1902	80	YRS.		
70 BIRTHPLACE (STATE O		F WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	<u>OR</u> COUNT	Y OF DEATH	
Virginia		S.A.	WIDOWI		BALTIMO		LTY	MD
10 CITY OR TOWN OF DI		F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING L	LIFE) INDUSTRY	
BALTIMORE	THE TRING HOME OR OTHER INSTITUTION		KINS	HOSPITAL	<u>Homema</u>	<u>ker</u>	Own I	Home
MD.	13b. COUNTY	13c. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS		rt St.	
14 FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LA	.51
Daniel		Kines		Annie			Utter	back
(YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES	P 16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI			
no		219-16-1	280	Ethel Wood	<u>1206 Notti</u>	ngham		
18 CAUSE OF DEA	TH (Enter only one cause p WAS CAUSED BY:			A				CIMATE INTERVAL LONSET AND DEATH
11 1000	IMMEDIATE CAUSE (0)	Chrolopus	mou	my mylest			45,	MIN
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couse (o), state underlying court	ing the DUE TO, se last.	or as a conseque	NCE OF					
PART 2 OTHER SIG	(c)	CONTRIBUTING TO F	E ATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COL	VIDITION G	IVENI INI DADT 1	
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190 DATE OF OPER		100		PERATION WAS PERFORMED 200 A		20b. IF YES, WERE FINDINGS USED		
H H					YES NOT		IFYING CAUSES	S OF DEATH?
21a. ACCIDENT WAS U		OF INJURY	VE AB	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART 1 OR PART 2)	
OR CONTRIBUTING	CHOSE OF DEATH	a.m. month d <i>a</i> p.m.	19					
OR CONTRIBUTING L		E OF INJURY	and EEC 1	211 LOCATION	CITY OR I	OWN	COUNTY	STATE
YTON DEPONDE	VHILE	STREET PACTURY, OFFICE P.	ARM EIC J	Jinge.				
	l) (this haspital) ottended	the deceased from_	85	, 19 52	5 25	-	19 82	that (I) (we) lost
the the deced	sed alive an Solution (did) (did not) view the boo	dy ofter death.	52	nd that in (my) (aur) apinian o	deoth occurred on the	dote and ha	ur and fram the	couses stated
226. SIGNATURE	01616			DEGREE	HEDICH CT		22c. DATE	SIGNED
14	ulty (V)		My	ATTENDING PHYSICIAN	MEDICAL STA	ICIAN B	83	5/52
22d. PHYSICIAN'S	AME (TYPE OR PRINT)	/A . A		22e ADDRESS				
	R. OII	CAWA			PKINS	HUSP	ITIR	
230. BURIAL, CREMATION (SPECIFY)				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Burial	28 /	Aug. 82 L	eeds	Cemetery	Hume	0	Vir	rginia
24. FUNERAL DIRECTOR		ADDRESS		2A00	KY OBISOTRA	R 2 h RECHS	TRAR'S IG	help
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dela retained by the hospital or oftending physician.

/	1.	FOR STATE REGISTRAR	phone 8/25/82 d	TMENT OF HEALTH AND MENTAL HY	GIENE 8 PREG. NO.	2050
7	YPE	CEASED NAME FIRST OR PRINT) + PAN	-	HOWARD	20. DATE OF DEATH MONTH	6-82 8 HO
VIJ.	1. SE	Male	4 RACE	5 DATE OF WITH 17/09	6 AGE (IN YEAR CAST BIRTHDAY)	MONTHS DAYS HOURS
-	April 1	RTHPLACE (STATE OR FOREIGN	Black 76. CITIZEN OF WHAT COUNTRY	(2) B	9 BALTIMORE CITY OR COUR	0.
-25		MD.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Bolto	Cita
90	В	TYOR TOWN OF DEATH altimore	11 NAME OF HOSPITAL, NURS VIENDY IN SUCH PACILITY OF IVE STREE	SING HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN UNKNOWN	G LIFE) 126 KIND OF BUSIN
99	130 3	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFO 134, CITY OR TO	ORE ADMISSION]  13d INSIDE CITY LIMITS?  YES NO	13e. STREET ADDRESS Unknown	
OFFIC	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	TAST
739		Robert	Howard	Rosie		Hicks
medicol 9		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	120 queen A	nn Bridge Ro
the me	Un	known	Unknown	Roberta Sav	oy Upper Marlb	oro, Md. 207  APPROXIMATE INT BETWEEN ONSET AN
to buriol, cremotion, njury, or other traum	Z	- A	DUE TO, OR AS A CONSEON  (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
any ir	CERTIFICATION	19a DATE OF OPERATION	19% CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USE RTIFYING CAUSES OF DEA YES \to NO \( \)
of Hygiene n 18 shows	MEDICAL CER	? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)
Hem Hem	8	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		
h and Mental	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM ETC   STREET	CITY OR TOWN	COUNTY
r. of Health and Ment n 21 is marked ar Her	¥	220. I certify that (1) this hose sow the leceosed alive on bove, we find did not not the source of	pital) His ded the deceased from	E, FARM ETC I STREET 19 52	to 8 6	, 19 52, that (1)
Dept. of Health and If Item 21 is marked a	W	22a. I certify that (1) this has sow 1 leccess dolive a above, we) (find ) did no	oital) graded the deceased from 19-	DEGREE ATTENDING PHYSICIAN	816	, 19 52, that (1)(
Dept, af Health ond f frem 21 is morked o		220. I certify that (1) this hosp sow 1 deceosed live o obove, howel (find) did n 22b. SIGNA 22d. PHYSICIAN'S N. E. (1926	ontol) product the deceased from 19- Not view the body after death.	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAND	hour and from the causes st
the State Dept, af Health and RTANT: If frem 21 is marked a	23a E	220. Tertify that I) this hosp sow the deceased alive of obove, here i find odd in 22b. SIGNA 22d. PHYSICIAN'S N. E. (1996) URIAL, CREMATION, REMOVA SPECIFY)	OR PRINT)  23b. DATE  23c. DATE  23c. DATE	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS OGATO NAME OF CEMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN D  31 5- Checks  234 LOCATION CITY OR TOWN	hour and from the causes st
the State Dept, af Health and RTANT: If frem 21 is marked a	23a E	220. I certify that (1) this hosp sow 1 deceosed live o obove, howel (find) did n 22b. SIGNA 22d. PHYSICIAN'S N. E. (1926	OR PRINT)  123b. DATE  23c	DEGREE ATTENDING PHYSICIAN 220 ADDRESS DIATUTE NAME OF CEMETERY OR CREMATORY PINE LAWN MEM. PARI	MEDICAL STAFF DIRECTOR PHYSICIAN D  234 LOCATION CITY OF TOWN  K ANNAPOLIS	19_SZ, that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

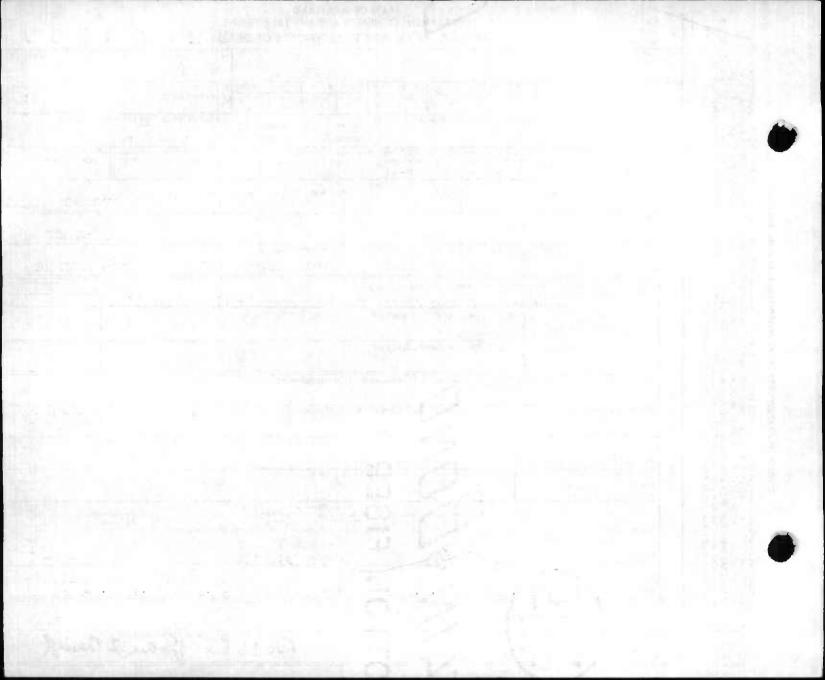
There is in par phone \$ 25/82 day it ease! . The state of the 

	1	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 2 2 2	0508
page 3	(TYP	CEASED NAME FIRST E OR PRINT) LiLLI C		ard	24 DATE OF DEATH MONTH	YEAR 2b. HOUR PM
ector, p rs ofter	3 SE	F	1 RACE	5. DATE OF BIRTH  MONTH  DAY  OFF	6 AGE (IN YEARS I AST	IF UNDER 1 YEAR IF UNDER 24 HRS
ector Mars of	1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	ore city MD.
46	Ва	Itim ore	11. NAME OF HOSPITAL, NURSING (# NOT IN SUCH FACILITY, GIVE STREET A  Lutheran Hos	poress)  Spital Baltimore	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE House Wife	12b. KIND OF BUSINESS OR INDUSTRY
mpletely filled in and 2 shauld be Kaninerlmuss be	9	Md. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	OTHER INSTITUTION GIVE RESIDENCE BEFORE BATTY BAItimo	ore YES NO	2121 Windsor	Garden Lane
9	1	ATHER'S NAME FIRST  John Lawso WAS DECEASED EVER IN U.S. AR			ry Smith	LAST
hysician and copers. Pages laval.			E WAR OR DATES) 212 - 32 - 3		Hubbard 2121 Win	nds or Gardena
igned by the attending physician properts for the please remove carbon papers; for burial, cremation, or removal.	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUER  (c)  ONDITIONS CONTRIBUTING TO D	mic Kenal	Faylure AINAL DISEASE OR CONDITION GI	VEN IN PART Ita
ician.  Ite has been si nsit permit. The rgiene prior to shows any inju	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH (	DPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)
when the certalizate of the state of the buriol-transit the and Mental Hygist arked or Item 18 shall be stated or Item 18 shall b	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED  WHILE NOR AT WORK		Y YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
CTOR: 4 for use of Heal		220.1 certify that (1) (this hospi saw the deceased alive an abaye, (1) (we) (did) (did na	tal) attended the deceased from 19	<u> </u>	death accurred an the date and ho	
retained by the has TO FUNERAL DIRECT Should be detached with the State Dept.		22d. PHYSICHAN'S NAME (TYPE O	delieure elseures	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR DHYSICIAN	22c DATE SIGNED
BP	230.	BURIAL, CREMATION, REMOVAL		cbutus Mem Pk	Baltimore,	Maryland State
IMH - 16 50M I/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	me 4611 Park H	7.41	UG 1 1 1982	TRANS GON GUELLA

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20M 4/82

STATE OF MARYLAND



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## STATE OF MARYLAND 1 - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	-	3	0	See.	1	Ω
0	REG. NO.	Con	O	~3		-

1. DECEASED NAME FIRST Wave	la	Lkigher	7	REG. NO. DATE OF DEATH 2		25+01R5 I
3. SEX FEMALE	4 RACE	5 DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTH		EAR IF UNDER 24 HRS
a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  West Virginia	76. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER	ONORCED	BALTIMORE CITY OF	COUNTY OF DEATH	М
RALTO.	1. NAME OF HOSPITAL, NURSING IN NOT IN SUCH FACILITY, GIVE STREET OOD SAMARITA	ADDRESS) OSP.		20 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Branch Mana	WORKING LIFE) INDUS	D OF BUSINESS OR TRY nking
	tord Aberdee	n 13d INSIDE	NO 🗌		ord Drive	
I. FATHER'S NAME FIRST James	middle LAST  Ryker	I	FIRST illy	MIDDLE	The	omas
SO, WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 236-1111-1			ADDRES	Maryland eford Dr.	21001 Aberdeen
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUION (c) CONDITIONS CONTRIBUTING TO		D TO THE TERMIN	AL DISEASE OR COND	ITION GIVEN IN PAR	T 1(a)
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH		20b. IF YES, WERE FIN	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTEY MEDICAL EXAMINE)  21d INJURY OCCURRED  NOT WHILE AT WORK  220   Certify that (1) (this hasp  sow the deceased alive an	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211 LOCAT STRE	ION  19  19  ATTENDING	YES NO CITY OR TOWN  CITY OR TOWN  that accurred an the day  MEDICAL STAFF	e and haur and Iram	STATE  state (1) (we) last
22d. PHYSICIAN'S NAME (TYPE O	M Hah:	NAME OF CEMETERY OR	PHYSICIAN RESS	DIRECTOR   PHYSICIAL PHYSI	en Dluc	1. 2134 STATE
Burial FUNERAL DIRECTOR PARE FUNERAL H	16 Aug. 82 Ba	kers Cemete en,Md.21001	25s. DATE R	Aberdeen 1 8 1982	Harford	Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

andiret length doner svira are derived it mestration brotest basica 20131 THOMES SCHOOL !-236-4 - LLOT street . Lagrace, 522 Crace for Land, were Lund, LA SIL MARKET BENEFIT OF THE STATE OF THE ST reside St. w. of Acies Design to the state of the state of Tearling Tunered . once F.A., abernoon, on 21001-3304Ub (BISE . 8 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely tilled in by the should be detoched for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If Hem 21 is morked or Item 18 shows ony

should be detached for use as with the State Dept of Health

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH ANI
- STATE	CENTIFICATE OF

LAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	2	0	5	1	-
-	REG. NO.					

	REGISTRAR		CERTIF	CATE OF DEATH		REG. NO.	400	
1 DEC	CEASED NAME FIRST	WIDDLE	Į.	AST	20 DA	TE OF DEATH MONTH	DAY YEAR	26 HOUR
(iiie	Rev. Will	.iam	Hughle	ette	A	ugust 15,	1982	M
3 SEX	(	4 RACE	5. DATE C		6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Male	Black	MONTH 1	78	8	103 yr	MONTHS DAYS	HOURS MIN.
7a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8.	NEVER MARRIED		TIMORE CITY OR COU	NTY OF DEATH	-
5	VA	USA	WIDOWE	DI DIVORCED		Baltimore	City	MD.
10 CI	Baltimore	11. NAME OF HOSPITAL, NI ("ENOT IN SUCH FAGILITY, GIVE Provident	URSING HOME C STREET ADDRESS) HOSPI	ROTHER INSTITUTION	N 12a US	SUAL OCCUPATION OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
LISUA 11 S	AL RESIDENCE (IF NURSING HOME TATE 136 CC	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION) TOWN TOWN TOWN	13d. INSIDE CITY LIMI	ITS?   13e SI	REEL ADDRESS 705 Presb		
		Darc	THOLE	YES 🔼 NO		705 Presb	ury St.	
I4 FA	THER'S NAME William	MIDDLE Hughle	tte	IS MOTHER'S MAIDE FIRST Fanni		MIDDLE	ĮA.	ST
	AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS		
(Y	No	218-0	7-3497	Addie M.	Hugh	lette 270	5 Presb	ury St.
NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	G TO DEATH BUT	Diseas	e		GIVEN IN PART 11	
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a	INCE	YES, WERE FINDIFERING CAUSES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			21¢ HOW INJURY OF	CCURRED (EN	ITER NATURE OF INJURY IN ITEM	18 PART   OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI  214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OI	FFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	sow the deceased olive obove, (I) (we) (did) (did	spital) attended the deceosed for not) view the bady after deoth.		d that in (my) (our) op	ta, ta	8 11 6 courred on the date and	9	that (1) (we) lost causes stated
	226. SIGNATURE	And Som	X W			ICAL STAFF TOR PHYSICIAN	22c. DATE	SIGNED 162
	228 PHYSICIAN'S NAME (TY	th Abou	usy	2 }-	tan	Allin	2 6	1216
	URIAL, CREMATION, REMOV		230 NAME OF CI	METERY OR CREMAT	ORY 23d	LOCATION CITY OR TOWN	COUNTY	STATE
, ,	Burial	8/20/82	M+ A	thurn Con	_	Do 14 due	COUNIT	SIAIS

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

1101 E. North Ave. C. March F/H

The second was all to premier 197 Alot & Sen & Charle

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral disshould be detached for use as the buriol-transit permit. Then please remove carbon papers: Pager and 2 should be filled within 72 hay with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

medico

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	8	2 REG NO	2	0	5	1	
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	L.					REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TTPE	GRAC	ξ Goode	ITUNT		8	3 82 1 Am
ı	3. SE)	(	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Female	Black	<sup>∞</sup> 10 1	0 1889	92	MONTHS DAYS HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	IRY? 8.	VER MARRIED	9 BALTIMORE CITY OR COU	INTY OF DEATH
	Vi	rginia	U. S. A.	WIDOWED	DIVORCED [	Baltimore C	ity, Maryland
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER	INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
2		ltimore	Lutheran Hos			Homemaker	Home
1	13a S	TALE		TOWN 13d. INS	IDE CITY LIMITS?	134 STREET ADDRESS 330	4 Dorchester Rd aryland 21215
4	_	yland THER'S NAME	parti	123 [			aryland 21215
	III-FA	FIRST	MIDDLE		THER'S MAIDEN NAM	MIDDLE	LAS1
1		Ned		ode		Unkown	
/		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL S	SECURITY NO. 17 INFO	DRMANTBalt:	imore. ADDRES Ma	ryland 21215
		NO OR UNKNOWN) (IF YES, GI					4 Dorchester Rd
ı		18 CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b	), and (c)	Λ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	D BY:	-da- /	tresi	1	BETWEEN ONSET AND DEATH
I		1110 MIMMEDIA	TE CAUSE (o)	70	100		
1		9100	DUE TO, OR AS A CONSE	1	Grand Street	_	
1		Conditions, if ony, which	(b)	yocardon	e Visce	ne.	
1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF	· AAT	2 Arrhythe	
1		underlying cause last.	(c)	100000	E NIL O	- Arrhy/ha	wor !
	7	PART 2 OTHER SIGNIFICANT	conditions <u>contributing</u>	TO DEATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I (a)
	CERTIFICATION						
)	CA	19a DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS P	ERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
6	TIE					YES NO	YES NO
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HC	W INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)
	AL:	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		CATION		
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM ETC )	STREET	CITY OR TOWN	COUNTY STATE
1		22a. I certify that (1) (this hospi	ital) attended the deceased fro	om 7-16-8;	۷ 19	to 8-3	19 82, that (I) (we) last
1		sow the deceased alive on	8 3 - 82			eath occurred on the date and	hour and from the couses stated
		above, (I) (we) (did) (did no	t) may the body after death.			The state of the state of the	
1		( ).	N()	DEGREE	ATTENDING	MEDICAL _ STAFF	22c. DATE SIGNED
4		124 PHYSICIAN'S NAME (THES	1 Con	1 /2 m	PHYSICIAN [	DIRECTOR PHYSICIAN	10/3/82
		124 PHYSICIAN'S NAME (THE	A /	27e AD	DRESS		
4		JOHN /	- COVING	HON			
		URIAL, CREMATION, REMOVAL		730 NAME OF CEMETERY		23d LOCATION	Ma comp alar a tota
	1.	Burial	8/7/82 V	Woodlawn C	emetery	Everett,	Massachusetts
	24 FU	NERAL DIRECTOR BOLT	MORE,	MARYLAND 2	1216 250 DATE		GISTRAR'S SIGNATURE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

retained by the hospital or attending physician.

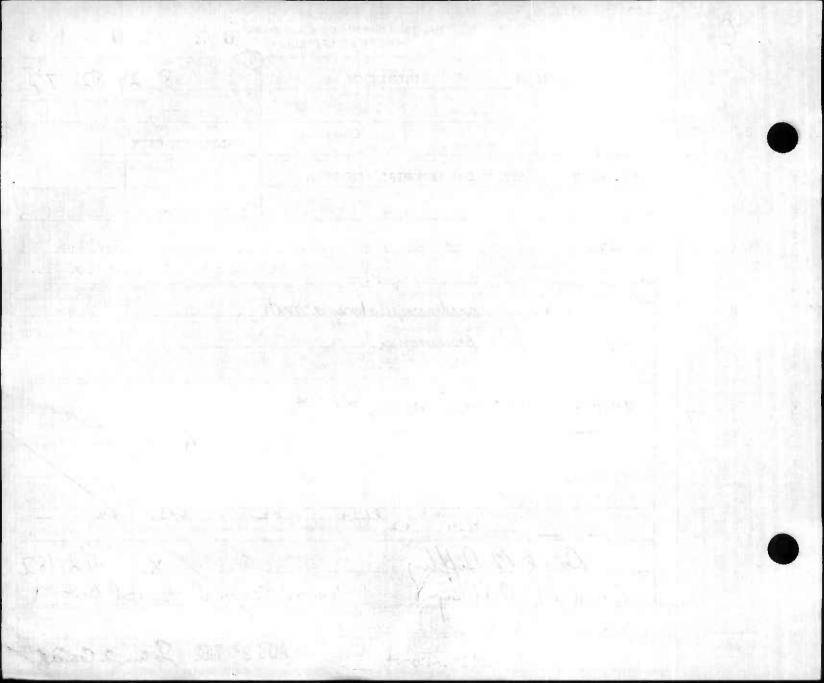
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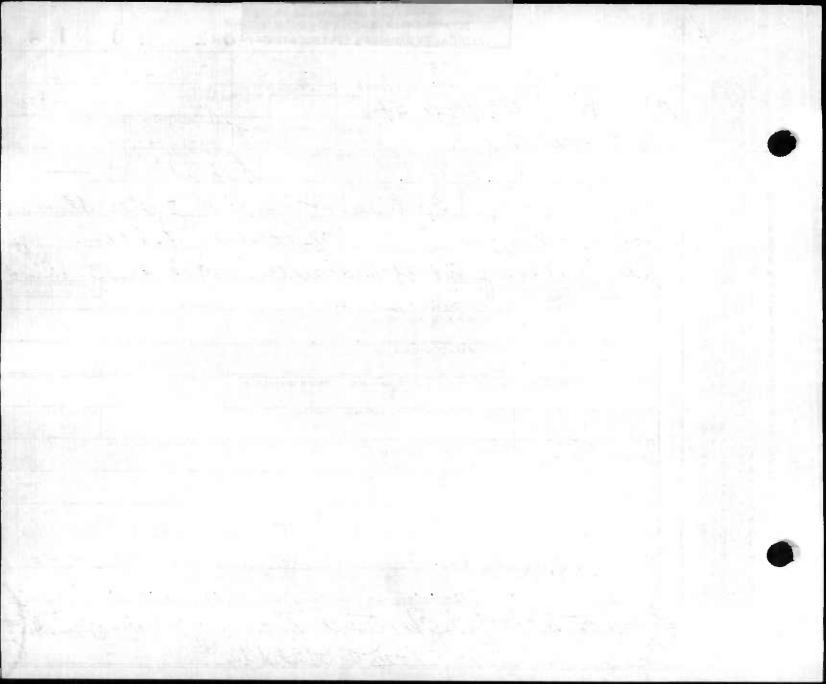
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be estained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed with 172 hiurs after death with the State Dept. of Health and Memol Hygiene prior to burial, cremation, or removal.
160	d retained by the hospital	TO FUNERAL DIRECTOR: should be detached for us with the Stee Dept. of Her

(AA)	j	tem 23b #G571 9	7/7/82 ph	STAT	E OF MARYLAND		
	1.	FOR - STATE REGISTRAR	DEPART		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 2 2 2 REG. NO.	0513
		CEASED NAME FIRST	WIDDIE	į	AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be oge 3 death	, , , , ,	SHERM	MAN HU	TCHINS	SON	8	24 82 730
tor, po	3 SE	x Male	4. RACE Black	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 21 HRS
Poge	-		76 CITIZEN OF WHAT COUNTRY?	8		72 YRS.	Y OF DEATH
death.	A.	COUNTRY)		MARRIE	DALANEVER MARRIED	BALTIMORE CIT	Υ
fter de	10. C	laryland ITY OR TOWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURSIN	IG HOME C		120 USUAL OCCUPATION	17b. KIND OF BUSINESS OR
by th	E	BALTO. CITY	THE UNION MEMO	RIAL E	HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING I	INDUSTRY
b i a	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
y filled should be error	Ма	ryland ATHER'S NAME	Baltime	ore	YES X NO 🗆	1156 Longwood	od Street
pletel Nd 2	14. FA	FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE	LAST
e o o	16a V	<b>William</b> WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		Ida 17 INFORMANT	ADDRESS	Hopkins
ond o			€ 705-09			hinson 1156 I	Longwood St.
ote b sicro rol.		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), an				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
g ph) on por remov		PART I. DEATH WAS CAUSE	E CAUSE (0) candone	spina	tony arrest		1/2 /2
oth ca	>	9860	DUE TO, OR AS A CONSEQUE	NCE OF	J		
e deat move c notion, traume		Conditions, if any, which gove rise to immediate	(b) proumo	nac			
that the distribution of the cose records on the creater of the creater or other or		cause ia, stating the underlying cause last.	DUE TO, OR AS A CONSEOU	NCE OF			
gned by gned by buriol, buriol, or o		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
음 보기 의	TION	anomia, hy	ponatrema, and	ina	old CVA,		
low represent. The prior ony in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
N: The nysicion cote he ronsit p Hygien 18 shor	ERTI	710. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		1714 HOW IN HURY OCCUPRE	YES NOW Y	ES NO
A do to to		OR CONTRIBUTING _ CAUSE OF DEA	TH HOUR A.M. MONTH DA		THE TOWN WHOCK TO COURSE	ENIER NATURE OF INJURY IN TIEM 18	PART TORPART 2)
HYSIC anding his certification of the or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	21e PLACE OF INJURY	19	211. LOCATION	CITY OR TOWN	COUNTY STATE
offer the strength of the strength on the strength or strength of the strength	×	AT WORK AT WORK	(AT HOME STREET, FACTORY OFFICE, F	ARM, ETC )	SINEEL	CHYORIOWN	STATE
ol or or use Health			tal) attended the deceased from_	8			, 19_67_, that (1) (me) last
ATTI ospit ECTC ed for ot. of im 21		sow the deceosed alive an obove, (I) (we) (did) ( <del>did no</del> 27b. SIGNATURE				eath occurred on the date and ha	
the host DIRECTORED		A. SIGNATURE	1 M D 111		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE/SIGNED
HOSPITAL ned by th FUNERAL JID be defit the State ORTANT: I		274. PHYSICIAN'S NAME (TYPE OF	R PRINT)		PHYSICIAN  27e ADDRESS	DIRECTOR PHYSICIAN	10/2/187
4.0 0 2 4 9		David M	Diffloy		Union M	emorial Hospi	tal BaltoMd
S S S S S S S S S S S S S S S S S S S		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
/BP		BURIAL	V 8/30/82 Ar	butu	s Cem	Arbutus	Md.
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME	F/H 1101E. No	n-h	AVG PAUG	261982	TRAP'S SIGNATURE
		m. C. Parcii	TATE NO	T (11	_Ave:	(	-



DHMH - 17 (VR A15 ME (5 20M 4/82

1		FOR STATE			DEPARTMENT O		AND MENT		45 43	0	0	na Na		el .
1	1	REGISTRAR EASED NAME	FRST	ME	DICAL EXAMI	INER'S CE		E OF DEA	-	REG. NO.	U	2	1 *	1
		COLMINI	9990	West.	MIDDEE				20. DATE K	MATED W	MONTH			HOUR
	3.5EX	16	WILL!	AM 5. DATE OF BIRTH	J. I6. AGE (IN	YEARS IF UNDE	RWING ER TYR. TIE UI	NDER 24 HRS.	2c. DATE	WAIED X	8 MONTH	18 19		. HOUR
7	1	7	W	3/28/	1928 S.	MONTHS MONTHS	DAYS HOU		PRONOUN DEAD		8	18 19	84	:58 a M
18	WL 88	RTHPLACE INTAN	seno)	76. CITIZEN OF WI	HAT COUNTRY?	8 MARRIED WIDOWED	NEVER A	AARRIED D		RECITY OF		Y OF DEAT	TH	440
n	10.2	TY OR TOWN OF	DEATH		SPITAL, NURSING HO	ME, OR OTHER			OCCUP TOF WORK	IMOTE ATION (TYPE ( ING LIFE)	OF WORK	12b. KIND C OR INE	OF BUSIN	MD. IESS
$\leq$	PISHA	Baltimor	N NURSING HOME OF		xeter St.	ISSIONI	-	Ma	Horee	/		-		
3		LATE	13b. COUNT		Back	13 د سلا	HES TO NO		EET ADDRES	8/2	ter	St	t.	
10	IL EA	THER'S NAME	0	WIDDLE	LAST	1	MOTHER'S A	AAIDEN NAME	E MIL	POLE	11	LAST		0.4
1		VAS DECEASED E			16b. SOCIAL SECUI	RITY NO.	PORMANT	ceece	) 1	ADDRESS			- 0	tt.
7	IFICATION	Conditions, gove rise couse (a) sto	if ony, which to immediate bring the under-	BY:  C CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)  ONTRIBUTING TO DEATH	E FOR (0), (b), and (c).)  CHONIC OBSERVENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE T	CE OF  ERMINAL DISEASE O	R CONDITION GIVEN	( IN PART 1 (a).	Iseas	ə		APPROJ BETWEEN		ERVAL D DE ATH
3	MEDICAL CERTI	21a. EXTERNAL OUNDERLYING CONTRIBUTING 21d. INJURY OCCUPATIVE AT WORK	OR CAUSE OF D	EATH P.M	A. MONTH DAY YE	EAR		URRED LENTER	NATURE OF INJU		RT 1 OR PAR			STATE
2			hot I took charge froin: Noture	of the remains devolutions of the remains devolu	n	Suicide ,	Homicide TITLE (SPECIF ASSIS	tant_med		nner .		s <u>8-1</u>		
	25.0	L, CREMATIC	ween	8/20/8	236. NAMEJOF	CEMEJERY OR	w-h	23d. LC CITY DATE REC'D. B	Y REGISTRAL	15 ) 12 12 12 12 12 12 12 12 12 12 12 12 12	teco	20	137	loty



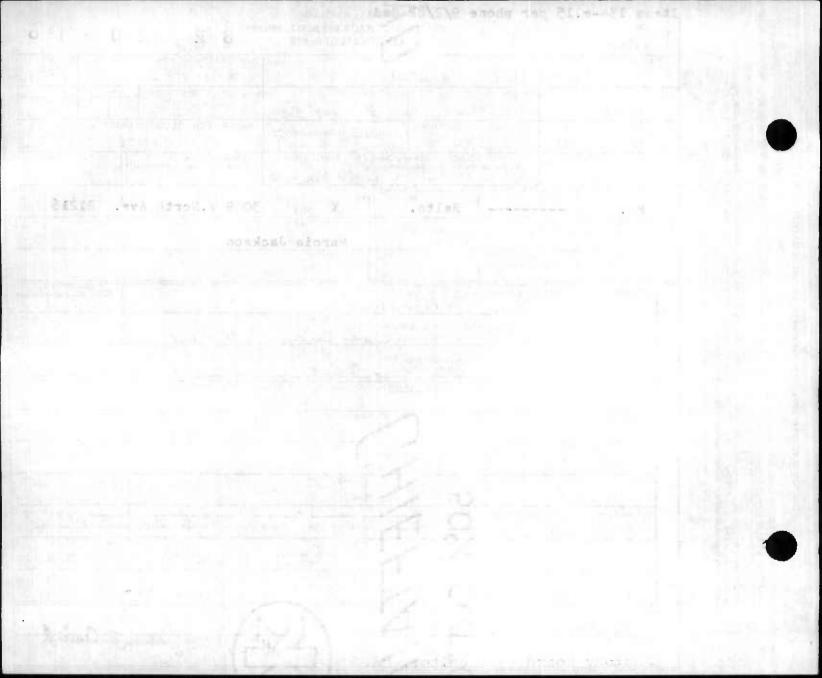
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar ottending physicion.

61	FOR	#G570 8/2	24/82 ph	DEDARVA		E OF MARYLAND	AL HVA	FMF	1			w. 41/4
	- STATE REGISTRAR		T pa		CERTII	ICATE OF DEAT		O Z	2 5. NO.	0	5	5
	DECEASED NAME	FIRST	IOIM			EAST		2a. DATE OF DEAT		OAY YE	AR 2b F	HOUR a
		Richard		R.		ITTNER		August				2:50
	MALE		RACE		5 DATE (	H DAY Y	ČO	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS D	YEAR IF UN	NDER 24 HRS
970	BIRTHPLACE (ST	ATE OR FOREIGN 7	CITIZEN OF WH	AT COUNTRY?		D NEVER MARRI	IED 🗆	9 BALTIMORE CIT	Y OR COUNT		н	
m	CITY OR TOWN O	OF DEATH 1	1. NAME OF HOS	SPITAL, NURSIN	G HOME (	DIVORC	-	12a USUAL OCCUP	more C		ND OF BUS	SINESSO
5	Baltimo		Maryla	nd Gene	ral H	ospital		Artist		INDUS	AA.	elle
3 130	STATE	IF NURSING HOME OR O	Y 13	ERESIDENCE BEFORE CITY OR TOW BALTO		13d. INSIDE CITY LIV YES NO		3006 P	inewo	400	IVE	
20	Alfred	PF	AUL I	TTNE		A MAR	DEN NAM	MARIE	£ \	VUNT	DERL	ICH
160	WAS DECEASED		WAR OR DATES)	SOCIAL SECU		MRS, Jess	sie K		DRESS	Pine	1,100	DAV
	18 CAUSE OF	DEATH (Enter only	1			1110,000	10 11	12.11		F 530	PROXIMATE I	NIEPANIE I
	PART I. DE	DEATH (Enter only ATH WAS CAUSED MMEDIATE	BY: V	entricu	lar A	rrhythmia				BETW	TEN ONSET	AND DEATH
1	25	OSOMEDIATE	C/1002 (0)			· · · · · · · · · · · · · · · · · · ·						
	Conditions, i	f any which	DUE TO, OR A	s a conseque vperkale	emia/	Hyponatren	mia					
	gove rise to couse (a), underlying	stating the	DUE TO, OR AS	S A CONSEQUE	NCE OF							
						dent, Diab						
Z	NA ANDRIA	KARANINANA	NW NORNALAN	MANAGA	KAKKAK	NO NAMED AND	M PK DK DK DK DK	CHERTENANT		жжжж al fa		
CERTIFICATION	190 DATE OF C	PERATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	)	20g AUTOPSY?		S, WERE FI		
J E								YES NO	IN CERTI	FÝING CAU	JSES OF D	EATH?
7 8	21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF IN	JURY		21c HOW INJURY	OCCURRI	D (ENTER NATURE OF				
4	00.00.100.00.00.	G CAUSE OF DEATH		MONTH DA								
MEDICAL	21d INJURY O	CCURRED	P.M. 21e PLACE OF	INJURY	19	211 LOCATION						
ž	WHILE AT WORK	NOT WHILE	(AT HOME STREET.	FACTORY OFFICE, FA	ARM, ETC )	STREET		CITY O	RTOWN	COUNT	f	STATE
- 1		not 🛠 (this hospito	1) ottended the d	eceased fram	July	18 10	82	to Augi	ıst 2	10 8	2 , that >	fr (we) In
	sow the d	eceased olive on _	August	2 19	82	nd that in (m) (aur)	opinion d					
	22h SIGNATU	WEHGIT IGKKK	the body ofte	er death.	/	DEGREE					A E SIGN	
	1	1111	mne	11/		ATTEN		MEDICAL S	TAFF	9	509	
	-	Edmond M		Jr	M. D.	22e ADDRESS	rvlar	d Genera	l Hospi	tal		
23e	BURIAL, CREMA		23b. DATE			EMETERY OR CREMA		23d LOCATION	. 1100 p .			
	SPECIEBUR	RIAL	AU65,1		love	N 1	uon, a	CITY OR TOWN	BAL	COUNTY		MO
14	FUNERAL DIRECT	y Miller	7527	HARFO	n. D.		AUG	4 1982	CARREST REGIS	Sa.	This	de

THE STANK STANK U.S.A. Later of the THE BURN DOOR SOLD STORE THE STORE STARE WOUTE SIHTS WISH WE I NOW I THINK SICEPUS GRADING Hyperkalcala/Hypenatrenia MANUAL COMMENTS SITE AT BUY

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		STATE REGISTRAR EASED NAME FIRST	WIDDLE	CERTIF	ICATE OF DEATH	8 Z REG. NO		2b. HOUR
(As		OR PRINT) BABY	BOY JACKS				82	530
	3. SE)	MALE	4. RACE BLACK	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS
33	(	RTHPLACE (STATE OR FOREIGN OUNTRY) ALTIMORE, MD	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY OF	RCOUNTY OF DEATH TIMORE CT	77
38	-	YORTOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, UNIVERSITY	ADDRESS]	ARYLAND HOSP.	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		BUSINESS
33	13a. S	TATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE STY 134. CITY OR TOW Balto.	N	13d. INSIDE CITY LIMITS? YES A NO	3009 W.Nor	th Ave. 21	216
2000)(	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAME FIRST Jac	MIDDLE	LAST	
medicol 16		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
prior to buriol, cremation, or ony injury, or other traumatic	CATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE	DEATH BUT	Sepsis Not related to the term	NAL DISEASE OR COND	DITION GIVEN IN PART 1(0)	GS USED
Hygiene 18 shows	CERTIFICATION	2) a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE-		AY YEAR	21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING CAUSES ( YES  YES  YES ( YES	NO [
and Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINES	Ain .	19	211 LOCATION STREET	CITY OR TOV	NN COUNTY	STA
of Health and	27a.1 certify that (I) (this hospital) attended the deceased from							
Do =		226. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSI						
2 Z		220 PHYSICIANIS NAME (TYPE OF		53		th Greene	S+.	
wPORT.								
wPORT.	-	URIAL, CREMATION, REMOVAL  REMOVAL  INERAL DIRECTOR	23b. DATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STAT



	REGISTRAR	CE	RTIFICATE OF DEATH	REG. N	0.
	CEASED NAME FIRST	WIDDLE	000	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
3. SE	× \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	RACE 5 D	DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS N
110		5	4 8 07	- 80	YRS
19 10 B	IRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH
1 10.0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HO	DOWED DIVORCED DIVORCED	12g USUAL OCCUPATI	
7/ -	Balto.	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRE		(TYPE OF WORK FOR MOST O	
75 I3a	AL RESIDENCE (IF NURSING HOME OR OT STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMIT	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	"De ala CI-
	ATHER'S NAME	139 10	15 MOTHER'S MAIDEN NA	1 240 3	Barclay St.
Oct.	Poter MI	He ster	Hari	WIDDIE	Clark
160	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b SOCIAL SECURITY		ADDRE	
	YENOOR UNKNOWN) (IF YES, GIVE V	212-32-32	86 Muriel Rose	Balto.	City Hsop.  APPROXIMATE INTERVA BETWEEN ONSET AND DE
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE  (b) DUE TO, OR AS A CONSEQUENCE  (c) CONSEQUENCE	E) knee pro	sthem	6d 6d
N O	PART 2 OTHER SIGNIFICANT CO	INDITIONS <u>CONTRIBUTING TO DEAT</u>	H BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
CERTIFICATION	19a date of operation	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \begin{array}{c} NO \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
/ /	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY 'P.M.	YEAR 19 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18. PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E	21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
	22a.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did nati	8/11 19 8	and that in (my) (our) apinian		19 27, the (h) ve) ate and hour and from the causes stated
	The SIGNATURE A	A	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF	
4	224 PHYSICIAN'S NAME (TYPE ORP	PINT	22e ADDRESS		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$2

DHMH - 16 50M I/B1 (VRA 15, 4)

Wm C March F/H

24 FUNERAL DIRECTOR

23g BURIAL, CREMATION, REMOVAL Burial

1101 E. North Ave.

23¢ NAME OF CEMETERY OR CREMATORY

Lincoln Hgts. Cem.

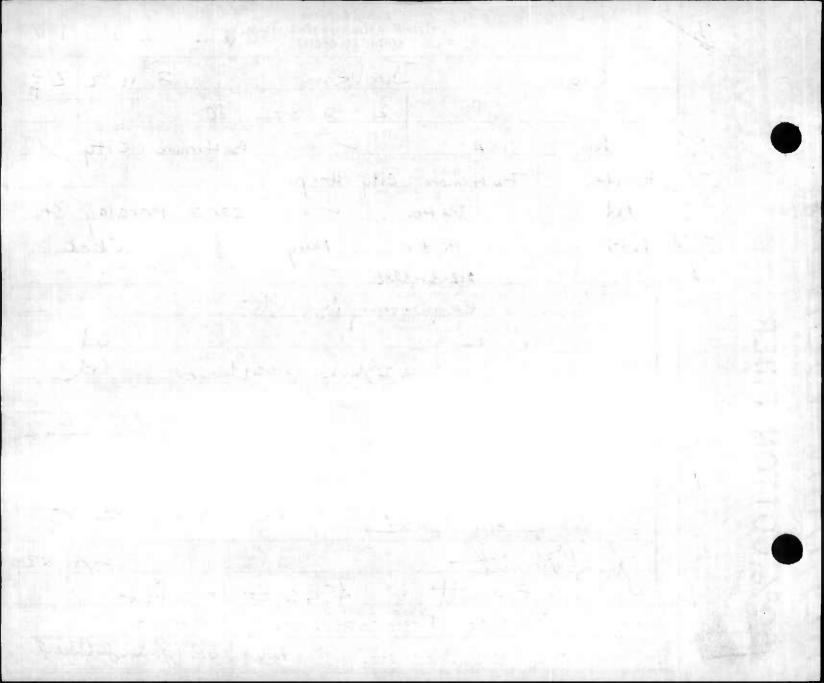
23b. DATE

8/13/82

AUG 13 1982 PALISTRAN'S SON CURE

Elberton, Ga. county

STATE



STATE OF MARYLAND FOR STATE REGIST DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR		
Delia (ARDELIA)		JACKSON	AUGUST 24,1982	11:37		
SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDE	R 1 YEAR IF UNDER 24 HRS		
Female	Black	190 190	0 82 <sub>YRS</sub>	DATS HOURS MIN.		
BIRTHPLACE (STATE OR FOREIGN Maryland	COUNTRY) _		BALTIMORE CITY OR COUNTY OF DE	9. BALTIMORE CITY OR COUNTY OF DEATH		
CITY OR TOWN OF DEATH		WIDOWER DIVORCED		KIND OF BUSINESS OF		
BALTIMORE		HOPKINS HOSPITA	LIVER OF WORK SOR MOST OF WORKING LIKEL IND	USTRY		
SUAL RESIDENCE IF NURSING HOME ( a STATE aryland   13b. COL	JNTY Balti	More 139 INSIDE CITY LIMITS.	924 n. Duncan S	treet		
FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME MIDDLE -	LAST		
WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	ECURITY NO 17 INFORMANT	ADDRESS			
NO.	The second secon	9-2281 Cora Wil	son 2403 Ashland A	venue		
IR CAUSE OF DEATH (Foto)	anly one couse per fine for (a), (b)			APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUS	CD BY		4	ETWEEN ONSET AND DEATH		
MMEDI.	ATE CAUSE (a)	dispulmonay a	nes	unula		
4275		• 0				
100	DUE TO, OR AS A CONSE	QUENCE OF	111	1.		
Canditians, if any, which	( b) sew	ue conservue n	early larune	eun .		
gave rise to immediate	107	X				
couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF ,	111	20 1		
underlying couse lost	1 Sou	mm office pepta	I ku nasterna	(man		
	, (c)	Time to the		20.71		
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN I	PART Ita		
, NA	ollis lunual	A Charac	nagation ander	Dece a A		
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	Elita Contes	copidam: Lyriam	rugarun sepru	mu		
190. DATE OF OPERATION	CONDITION FOR WH	ICH OPERATION WAS PERFORMED	206. If YES, WERE	FINDINGS USED		
100		•		AUSES OF DEATH?		
			YES NO YES	NO 🗌		
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR	PART 2)		
	EATH HOUR A.M. MONTH	DAY YEAR				
JIF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19				
IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY	21f. LOCATION				
	(AT HOME STREET FACTORY OFF		CITY OR TOWN CO	JNTY STATE		
AT WORK AT WORK			1			
		0/10 0	2 4/25 9	7		
	pital) attended the deceased fra	IM	ta 19 4	that (1) (we) la		
saw the deceased alive a	n1	9_6_, and that in (my) (our) apini	an death occurred on the date and hour and fr	am the causes stated		
	nat) view the bady after death.					
22b. SIGN ATURE		DEGREE	22	. DATE SIGNED		
Man Mr.	M. M	ATTENDING PHYSICIAN		10-10		
1000	muse !	PHYSICIAN	DIRECTOR PHYSICIAN	812518		
22d. PHYSICIAN'S NAME TYPE	OR PRINT)	22e. ADDRESS				
7614	A A 410	(00 1)	1410100 O+ D.	11.		
M MNCO	annisi 141	600 0	WOIKE SI Ral	more.		
BURIAL, CREMATION, REMOVA						
	L 23b. DATE 2	30 NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	0106		
BURIAL	0 100 15-	Balto. Nat. Cem	Y 238 LOCATION CITY OR TOWN COUNT	Y 2 120		

DHMH - 16 50M 1/81 (VRA 15, 4)

and Mental Hygiene priar to burial,

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

24 FUNERAL DIRECTOR

Wm. C.March F/H 1101 E. north Avenue

AUG 27 1982 John & Com

TE: II ENGLISH TOWNS IN THE TAX constituent - Lesse - manifestation their constance that facility they the manufact without by participant a single The first the second course of the second se

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 2	20	5 1 9
	ECEASED NAME FIRST	MIDDLE CACE,	tockson	20. DATE OF DEATH		a SA M
1.50	X.	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
	MALE	NELLO	MONTH DAY YEAR	1-8	YRS MONTHS D	DAYS HOURS MIN.
7e. B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY O		Н
	CHOLINA CHOLINA	UNITED STATES	MARRIED MEVER MARRIED WIDOWED DIVORCED	DALTIMO	VY:1 39	MD.
16 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126 KI	ND OF BUSINESS OR
h	ALTIMORE	MERCY HO	SFITAL	TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUS	
USU 13a.	JAL RESIDENCE (IF NURSING HO STATE	R INSERTUTION GIV RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS	? 13e. STREET ADDRESS		16 00 11 12.
11	ACYLAND ATHERS NAME	BALTIMO			LTHEAST F	}√E.
	FLETCHEL	JACKSON TACKSON	15. MOTHER'S MAIDEN	MIDDLE	JA	E Fisian
	, NO	RMED FORCES?  VE WAR OR DATES)  16b SOCIAL SECU  216-07  Inly one cause per line for (a). (b), and	RITY NO. 17 INFORMANT - 8897 MRS. VIR	ADDRE	2041 NO	PRTHEAST AV
	PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEQUE	Cardiac a	vest inoma	BETY	REN ONSET AND DEATH
NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PAR	₹T 1(a
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAU YES [	NDINGS USED USES OF DEATH? NO
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR	T 2)
MED	21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
	naw Medeceased alive ar	ital) attended the deceased fram	2 and that in (my) (aur) apin	to to the do	ate and have and from	that ( (we) last the causes stated
	Marie	1 1		MEDICAL STAR		ALESIGNED

Amos 23a BURIAL, CREMATION, REMOVAL (SPECIFY)

22e. ADDRESS

23d LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

MPGRTANT, IF HE

BURTAL
24 FUNERAL DIRECTOR
NAME
LEWIS T. GWYNN CEDAR HILL CEMETERY BALTIMORE
250. DATE RECID. BY REGISTRAR 220
ESSIGHTS AVENUE AUG - 9 1982 4517 PARK HEIGHTS AVENUE

DA 1 COLLEGE MORROY, MIRROY CA to such continue and and the second J7/32 United Daniel District (4. 00) ". LE 1. C. L. 4517 LA HILCHIE V. A. IL and completely filled in by the funeral ages 1 and 2 shauld be filed within 72

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ATTENDING PHYSICIAN: The law

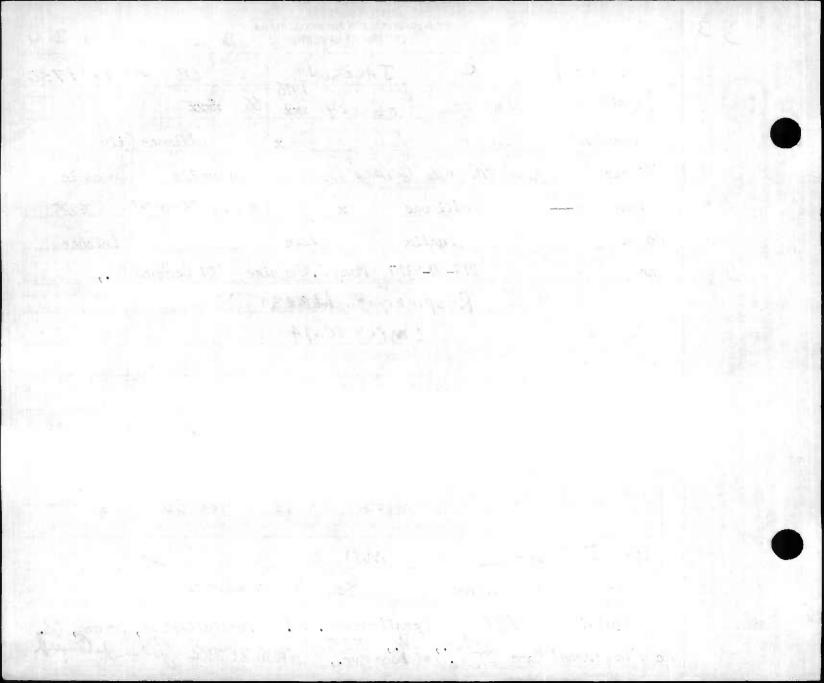
DHMH 16 50M 1/81 (VRA 15, 4)

executed within 24 hours after death

## STATE OF MARYLAND

REG. NO.	2	0	Š	2	-
	REG. NO.	2 REG. NO. 2	2 REG. NO. 2 0	2 0 5	2 0 5 2

		FOR STATE REGISTRAR			EALTH AND MENTAL HYGICATE OF DEATH	IENE 8	REG. NO.	2 0	23	2	0
	TYPE	OR PRINT) LILLIAN	MIDDLE	J	Ackson	2a. DATE OF [	DEATH MONTH	20	82	17:	5 Qu
	3. SE)	temple	White	5. DATE (		66	ARS LAST BIRTHDAY)		DAYS	HOURS	MIN.
5		Maryland	USA	WIDOWE	Carry G. 3	9. BALTIMOR	Baltimo		ety.		MD.
3	Ba	Ltimore	OUTH BALTIMORE	Gene	DROTHER INSTITUTION	120 USUAL OI (TYPE OF WORK F	FOR MOST OF WORKIN	IG LIFE IND	KIND OF USTRY	BUSINES	SOR
5	Ma	AL RESIDENCE (IF NURSING HOME OR O'STATE 136 COUNT'		N	YES 🔀 NO 🗌	13e STREET AL	DDRESS 3RO	ST.	2	1225	
0	)	Roger	DDIE Nast	n	15. MOTHER'S MAIDEN NAM	ΛΕ 	WIDDLE		, LAST eist	ine	
		VAS DECEASED EVER IN U.S. ARMI (ES NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES?   166. SOCIÁL SECUI WAR OR DATES)   215-30-9	310	Mary J. McGu	ine 4	401 Oncho	and Ro		MATE INTERV	
	ION	PART I. DEATH WAS CAUSED  Graditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CO	K F \ ////	NCE OF	hYSEM4	INAL DISEASE (	or condition				
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP		YES, WERE RTIFYING C YES []			
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATU	ire of injury in Item	18 PART I OR	PART 2)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA		211. LOCATION STREET		CITY OR TOWN	COL	YTML	STA	ATE
		22a.1 certify that (I) (this haspital saw, the deceased alive an abave, (I) (we) (did) (did nat). 22b. SIGNATURE	19		nd that in (my) (aur) apinian d DEGREE  ATTENDING	. 10	an the date and	haur and fr			
		22d. PHYSICIAN'S NAME TUPE OR P ALEX HER	PRINT) ETZMAN	n	PHYSICIAN [ 220 ADDRESS S. H	ANOU	PHYSICIAND				
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	01.10		EMETERY OR CREMATORY	23d. LOCAT	ion iottsvil	le. He	י	1 1	AJE
	24 FU	ineral director Cully Funeral H	Baltonoss	Md.,	21225 250 DATE	REC'D. BY REC	982 256. P.S			inel	K



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatic event, the

### STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	2	0	5	2
	REG. NO.				

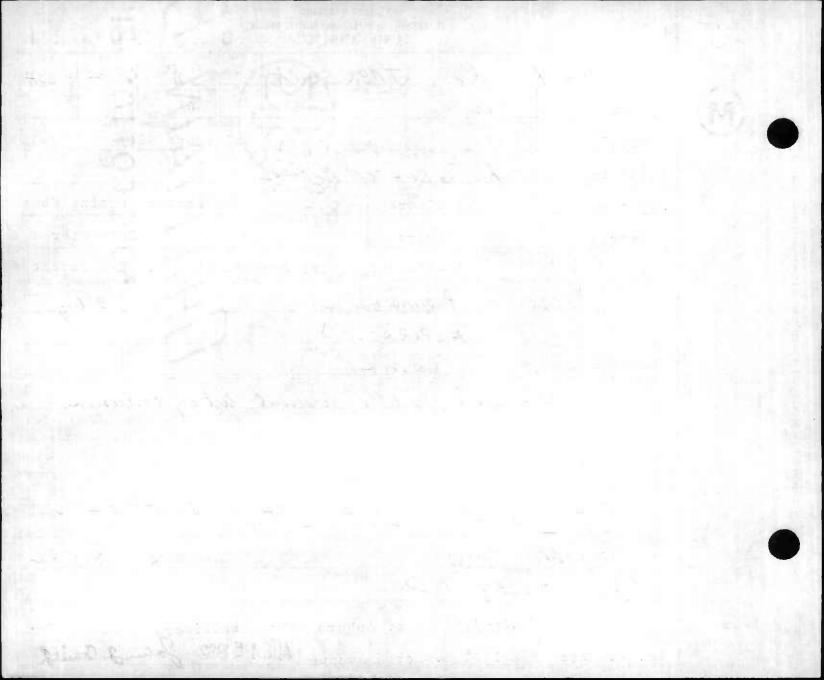
1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 REG. NO.	20521
	CEASED NAME FIRST		MIDDLE	l	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
.,1555	MAR	. ,	Ka	TA	3K 50 N	8	14 82 8:55Am
1.58	Х	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS.
F	emale	Blac	ck	5 MONTH	20 18	64	RS DAYS HOURS MIN.
7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COU	
N.	Carolina	USA	A	WIDOWE		Baltimore (	City
10 C	ITY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
В	altimore	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	N Medical	(TYPE OF WORK FOR MOST OF WORK)	NG LIFE) INDUSTRY
USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	138. INSIDE CITY LIMITS?	1	
	ryland 13b COU	NIY	Baltimo		YES A NO	13e STREET ADDRESS John Deator	n Nursing Home
_	ATHER'S NAME		1-4		15. MOTHER'S MAIDEN NAM		
	George	MIDDLE	Silver	s	FIRST	MIDDLE	Sylvester
16a \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECL		17 INFORMANT	ADDRESS	
	YES NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	215-22-	-8898	Robert Jac	kson 1418 N	. Eden Street
	18 CAUSE OF DEATH (Enter of	nly one cause per	line for Au. (b), on	d (c) 1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE ATH WAS CAUS	ED BY: TE CAUSE (a)	11/	mo	nia		3 days
7	4860						
	Conditions, if ony, which	DUE TO, O	R AS ACONSEQUI	RAT	100		
	gove rise to immediate	10)-	7131	10/1/	7.0		
	cause (a), stating the underlying cause lost						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
Z	1011 AND 2 ONTER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 160						
CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	28a AUTOPSY? 20b. 11	F YES, WERE FINDINGS USED
F							ERTIFYING CAUSES OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	YES NO
	OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH D			Terrenance of moon in the	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P. P	M.	19	211 LOCATION		
ME	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY
	AT WORK AT WORK			2	. 2	8.15	8) ?
	22a.1 certify that 444 (this hosp sow the deceased alive or	11 . 11	deceosed from	23	, 17	, 10	hour and from the couses stated
	obove, # (ye) (did) (did	view the body				deom occurred on the dote and	
	1/25.11	1. 1.			DEGREE ATTENDING	MEDICAL STAFF .	22c. DATE SIGNED
	10)000	LIV	W		PHYSICIAN [	DIRECTOR PHYSICIAN	8.15.85
	DEPOSICIANZ NAME	50151	M-I		22e ADDRESS		
	VOS 4 2	BLEY	14-1				
	BURIAL, CREMATION, REMOVAL	23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
E	BURIAL	8/18	/82	Mt. A	uburn Cem.	Baltimore	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

C. March F/H 1101 E. North Avenue

AUG 1 6 1982



requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72.15 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather traumatic event, the medica

# FOR STATE

rector, page 3 urs after death

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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O	REG. NO.	6.00	U	-	line	lun

	REGISTRAR			42		REG. NO.		
itte	SHAMEEK	ay,	LETIN	7	SONTBEY	20 DATE OF DEATH MONTH	-11-82	12pm
3 SE	Ŧ	Bla		5 DATE C		6 AGE (INYEARS LAST BIRTHDAY) 4 hus & US Myr	MONTHS DAYS HE	OURS MIN
	BIRTHPLACE (STATE OR FOREIGN 76	CITIZENOF	WHAT COUNT	RY? 8	D NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH	
	Mcl.	U	JSA	WIDOWE		Baltimore	City	MD.
	Bultimore	(IF NOT A)SUCI	H FACILITY, GIVE ST	TREET ADDRESS)	dr other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF B	USINESS OR
130	MD HE COUNTY	THER INSTITUTION, Y	13c CITY OR T	imore	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1819 Whitm	ore Aven	ue
14 F	ATHER'S NAME	DDLE	TAST		15 MOTHER'S MAIDEN NA	ME	1251	
			ckson	-Bey	KAPEn	MODIL .	Dun and	Pul
16a	WAS DECEASED EVER IN U.S. ARME	ED FORCES?	166 SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRESS		1
	(YES NOOR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	N/	A	Kenneth L.	Jackson-Bey	1819 Wh	itmore
CERTIFICATION	Conditions, if any, which gove rise to immediate cause iol, stating the underlying couse last  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OF  (b)  DUE TO, OF  (c)  DODITIONS CO	R AS A CONSE	OUENCE OF  LASS  TO DEATH BUT	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS RTIFYING CAUSES OF YES	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A./		DAY YEAR				
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive on obove, (I) (we) (did) (did not)	Hzy	1/1	V 7.		death occurred on the date and	, 19 tho	(I) (we) lost uses stated
	27b. SIGNATURE  17d. PHYSICIAN'S NAME LITTE OR PI	& VL	mdi		DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	/82
	VICTORIA G		NID,	4		NT HOSPI	TAL	
23a.	(SPECIEY)	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	8/14/	82	Cedar	Hill Cem.	Baltimore	COUNTY	MĎ

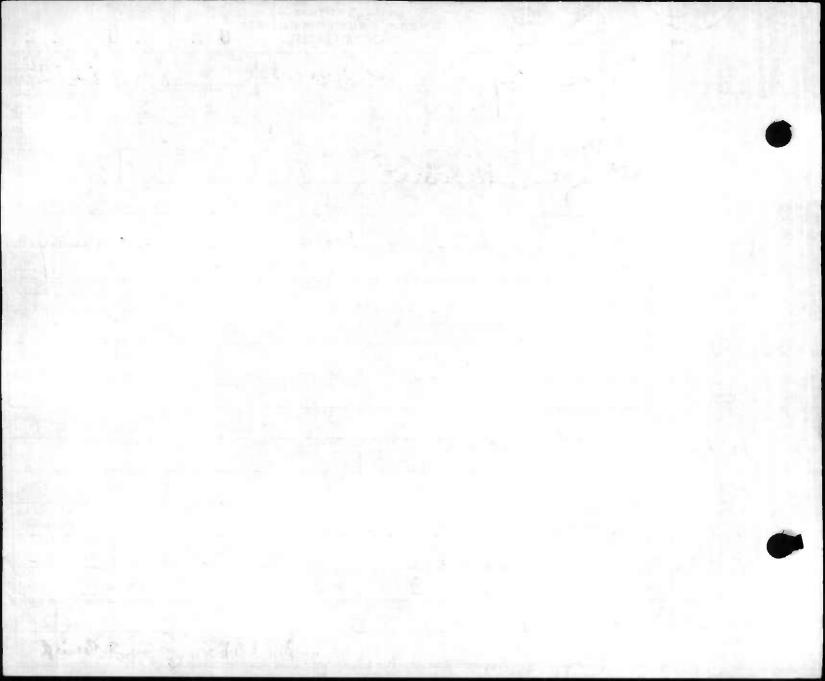
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion

(VR A 15 (4))

24 FUNERAL DIRECTOR 1101 E. North Ave. C. March F/H

982 PREGISTRARY REGISTRAR'S SIGNATURE AUG 1 6



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

page 3 er deoth

executed within 24 hours after death. Page 4-may be

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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O.	fire a	
	REG. NO.	

1	FOR - STATE REGISTRAR			DE		HEALTH AND MENTAL FICATE OF DEATH	L HYGIENE	8 2 REG.	2	0	5 2	3
1 DE	CEASED NAME	FIRST		MIDDLE		LAST	20. D	ATE OF DEATH	MONTH	DAY YEAR	2b. HOUI	R
,,,,,	F	loren	ce G	wendo	lyn :	Jaqd	ATT	GUST O	5. 19	982	02 -	1 5 DM
3. SE			RACE		5. DATE	OF BIRTH	6 AG	E (IN YEARS LAST E		IF UNDER I YEAR		
Fe	emale		Whit	е	2 MONT	13 19		75	YRS	MONTHS DATS	HOURS	MIN.
To. B	IRTHPLACE (STATE OR F	FOREIGN 7b.	CITIZEN OF	WHAT COU	NTRY? 8		9 BA	TIMORE CITY	1110.	Y OF DEATH		
Er	ngland		U.S.	Α.	WIDOW	ED NEVER MARRIED		LTIMOR	E CTT	ρV		MD
	ITY OR TOWN OF DEA	ATH III	NAME OF	HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	12a U	SUAL OCCUPA	TION	126. KIND	OF BUSINE	
BA	ALTIMORE	TP.			OPKINS	HOSPITAL		n Home		IFE) INDUSTRY		
	AL RESIDENCE (IF NURS											
	aryland		imore		emere	13d. INSIDE CITY LIMIT	1 - 0	15 Sol	lers	Point	Roa	d
	ATHER'S NAME		DDLE	LA		15 MOTHER'S MAIDE						
	Philip	Ez			house	Lilli	an	WIDDLE		Bye	AST	
	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	-	L SECURITY NO.	17 INFORMANT		70°P	\$55SOI	lers		- Rd
No	YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	216-	22-4755	Gwendoly	zn A.I					
	18 CAUSE OF DEATH	H (Enter only )	one couse pe	-							XIMATE INTERV	
	PART I. DEATH W	'AS CAUSED E	3Y:	cardio	1					acrive (I	ONSET AND E	ACAGH!
	4715		DUE TO. O	R AS A CON	SEQUENCE OF	THE VIOLET						
	Conditions, if any,		(b)_								- 7	
	gave rise to imm cause (a), statin		DUE TO. O	R AS A CON	SEQUENCE OF					1 1 1 1		
	underlying couse	last.	(c).									
7	PART 2. OTHER SIGN	NIFICANT COI	NDITIONS C	ontributin	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL D	ISEASE OR CO	VDITION GIV	VEN IN PART 1	(0)	
MEDICAL CERTIFICATION												
CA	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YE	S, WERE FIND FYING CAUSE	INGS USED	42
RTIF								YES NOTE YES		ES 🗌	NO 🗌	
8	210 ACCIDENT WAS UND		HOUR A	DF INJURY .M. MONTI	H DAY YEAR	21c. HOW INJURY OC	CCURRED (E	NTER NATURE OF INJ	URY IN ITEM 18	PART I OR PART 2)		
CAI	(IF EITHER NOTIFY MEDIC	(ALEXAMINER)	-	M	19							
MED	21d INJURY OCCURR		21e. PLACE		OFFICE FARM ETC	21f. LOCATION STREET		CITY OR T	OWN	COUNTY	ST	ATE
	AT WORK NOT WH	RE □										
	220.1 certify that (I)		A )		-1-		22_, to	Negust			, that (I) (w	,
	sow the decease above, (I) (we) (d	lid) (did not) v	iew the body	ofter deoth.	19 87 , 01	nd that in (my) (our) opi	inion death o	ccurred on the	date and hou	r and from the	couses stot	ed
	226. SIGNATURE	11)	10 -1	0.	137	DEGREE					ESIGNED	
	100	1	the of	4		ATTENDIN PHYSICIA		CTOR PHYS		8/.	5/85	
	22d. PHYSICIAN'S NA			0: ED		22e ADDRESS						
	MICHAI	ほし :	SCH IN	DCEK		THE JOHNS	HOPE	CINS HO	OSPIT.	AL		
23a E	BURIAL, CREMATION, I	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATO	ORY 23d	LOCATION				
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24 FU	JNERAL DIRECTOR T	uda-F				250	RATERECE		R 25b RF GIS		C-RF	
7	922 Wise			unda	lk, MD.	21222	AUU I	0 1302	100	mon	A-MANA	

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond car should be detached for use as the buriol-tronsit permit. Then please remove carbonpopers. Pages 1 with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removol.

TO FUNERAL DIRECTOR: After this certificate has been signed by the

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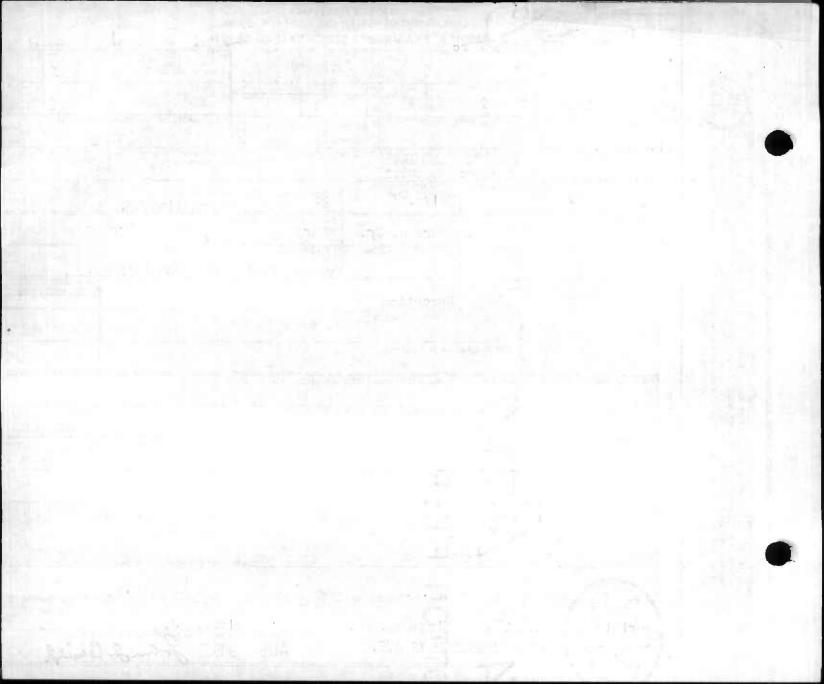
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MPORTANT:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH 26 HOUR TYPE OF PRINTS LEWIS August 4. 1982 8:15 M John **JEFFERSON** 4 RACE & AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 1 SEX 5 DATE OF BIRTH 1902 OCT MALE NEGRO BIRTHPLACE I STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City MARYLAND US of A WIDOWED 17h KIND OF BUSINESS OR 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Maryland General Hospital Baltimore COOK RETTRED UAL RESIDENCE (IF NUR a STATE 134. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS BALTO. REISTERSTOWN YES BOND AVENUE MARYLAND NO K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE DETT JOHN FLLA **JEFFERSON** ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MRS. ANNA J. BELL 5 D GREENMOUNTAIN CT. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardiopulmonary arrest 5 minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction 12 hours Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last Hypertension Many years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Venous Stasis Ulcers: Organic brain syndrome. 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED June 14 PERA 1982 IN CERTIFYING CAUSES OF DEATH? Sho July 10, 1982 Venous Stasis Ulcers 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC ) NOT WHILE 22a.1 certify that X (this haspital) attended the deceased from June 82, and that in (ngr) (our) apinion death occurred on the date and haur and from the causes stated August 4 sow the deceased alive on. above, XI (we) (did) (dix XX view the body after death DEGREE 22s. DAJE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN James A. Damalouii, M(D c/o Maryland General Hospital 23b. DATE 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

PINEY GROVE CEMETERY BORING (BALTO. MD. BURIAL 24 FUNERAL DIRECTOR 9 1982 4517 PARK HEIGHTS AVENUE LEWIS T. GWYNN

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TO FUNERAL DIRECTOR: After this santificate has been squed by the attending physicus and complicated be detached for use as the busind-fromit permit. Then please remove carbohappers. Pages I and we stare Dept. of Health and Mental Hygiene prior to busind, cremation, or semoval.

njury, or other troumofic event, the

MPORTANT: If them 21 is marked or them 18 shows

Marie Manuel

FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 5 2  CERTIFICATE OF DEATH	7
DECEASED NAME FIRST M	DIE LAST & ZE DATE OF DEATH MONTH BAY WAR IN HO	UR
STANLEY	JELSKI Jelskie AUGUST 1, 1982 8:1	Mg O
Male Cour	a jian Sypt 18, 1924 57	APPA.
HIRTHPLAGE HEART OF COLORS 76. CITIZEN OF V		-
	SPITAL, NURSING HOME OR OTHER INSTITUTION  CLUY, GIVE STREET ADDRESS  THE OF BUSING HOME OF THE REST HERE.	Ollet
SUAL RESIDENCE (I HUITHICHOME OF OTHER INSTITUTION OF THE COUNTY	1 - N - W - W - W - W - W - W - W - W - W	1
FATHER'S NAME MESSIE	LAST 15. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  LAST  LAST	· NA
WAS DECEASED EVER IN U.S. ARMED FORCES?	6 SOCIAL SECURITY NO. 17 HIFORMANTA DELSKI 155 Alven Les lane	
DUE TO, OR Conditions, if any, which gove rise to immediate cours to teach to the indexitying course tost.	RDIOPULMONARY ARREST  S A CONSEQUENCE OF ANCER LUNG  S A CONSEQUENCE OF  IRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0	
	ON FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE	
	YES NO	
216 TIME OF HOUR A.N	NJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 19	
21e. PLACE O		STATE
220 I certify that (1) (this haspital Audust the saw the deceased alive an abave, (1) (we) (did (did nat) view the bady of		
77h SIGNATURE	DEGREE 27t. DATE SIGNED ATTENDING MEDICAL STAFF	
MUKESH LUHAR MD	PHYSICIAN DIRECTOR DIREC	21231

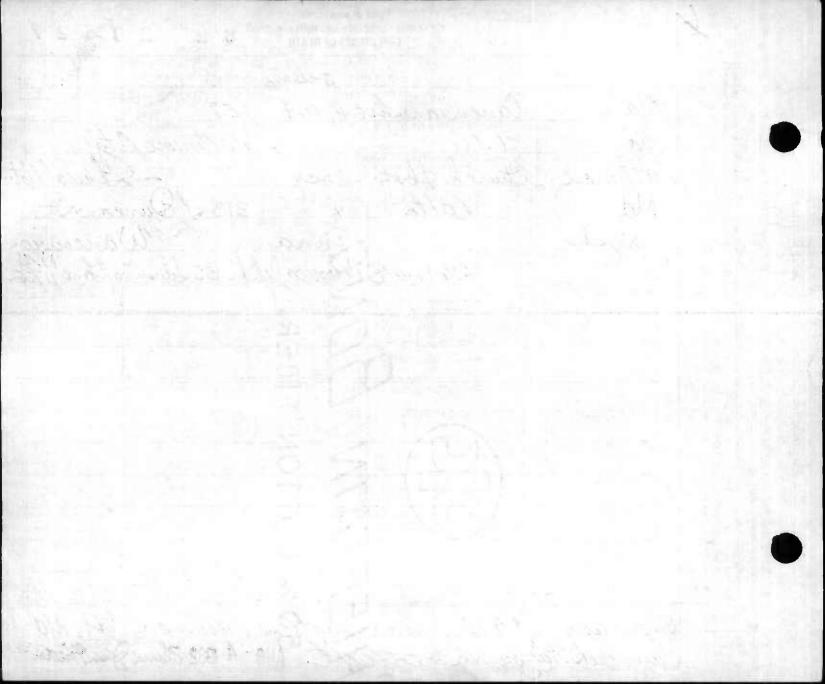
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	FOR = STATE REGISTRAR	MEDIC	PARTMENT OF HI	R'S CERTIFICA	ITAL HYGIEN	HA REG.	_	5 2	9
	DECEASED NAME FIRST		DDLE	Jenn <b>i</b>	ngs	20. DATE KNOWN OF ESTI- DEATH MATED		20 19 82	2b. HOUR
100	MALE BLACK	S. DATE OF BIRTH	year 6. AGE (IN YEARS LAST BIRTHDAY) 12 YRS		UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	монтн	DAY YEAR 20 19 82	2d HOUR 2:20F
	HIRTHPLACE (STATE OR UNTRY)	76 CITIZEN OF WHAT		MARRIED NEVE	R MARRIED DIVORCED	9 BALTIMORE CIT	1timor		MD.
1	CITY OR TOWN OF DEATH  Baltimore	Pier #1 P	AL, NURSING HOME, ( y, Give street address) ratt Stree			JAL OCCUPATION ( MOST OF WORKING LIFE)		0R INDUST	USINESS
		TO OR OTHER INSTITUTION, GIVE RE	ESIDENCE BEFORE ADMISSION  L. CITY OR TOWN  L. LHN BURN I	13d INSIDE CITY	LIMITS?   13e STR	eet address ee Town Ro	ad		
1	FATHER'S NAME	WIDDLE	JENNINGS	15. MOTHER'S	S MAIDEN NAME NNE	MIDDLE	9.	HALL	
160	(YES NO. OR UNKNOWN) (IF YES, G	ARMED FORCES? IVE WAR OR DATES)	6b. SOCIAL SECURITY I			ADDRE NINGS 859	ss Sever Laurel	na Pk., Rd.	Md.
7	Canditians, if any, whi gave rise to immedic cause (a) stoting the <u>und</u> lying couse lost:  PART 2 OTHER SIGNIFICANT CONDITION	SED BY:  IATE CAUSE (o)  Ch the (b) DUE TO, OR AS  (c)  INS CONTRIBUTING TO DEATH BUT I	Drowning  A CONSEQUENCE OF  A CONSEQUENCE OF	AL OISEASE OR CONDITION G				BETWEEN ONSE	. AND BEATH
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2	AT WORK AT WORK  220   Certify that I took cho death resulted from:	XX inner	harbor ed obove, held on ciden <b>xxxx</b> , Suici	Autopsy , Indeed, Homicide  M.D. ASSIS	nspection , e , Undet CIFY) Stant MED	et,Baltimo	oreCity and in my op  ],  DATE SIGNER	MD 8/20	
	BURIAL CREMATION, REMOVAL BURIAL FUNERAL DIRECTOR WILLIAM REESE &		ASPURY U	TERY OR CREMATOR	CEME Se	CATION ORTOWN  EVERNA PP	COUN	ty s	yland

AUG 24 1982

D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after

should be detached for use as the burial-tronsit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial

IMPORTANT: If them 21 is marked or them 18shows ony injury, ar other traumatic event, the

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page 3

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

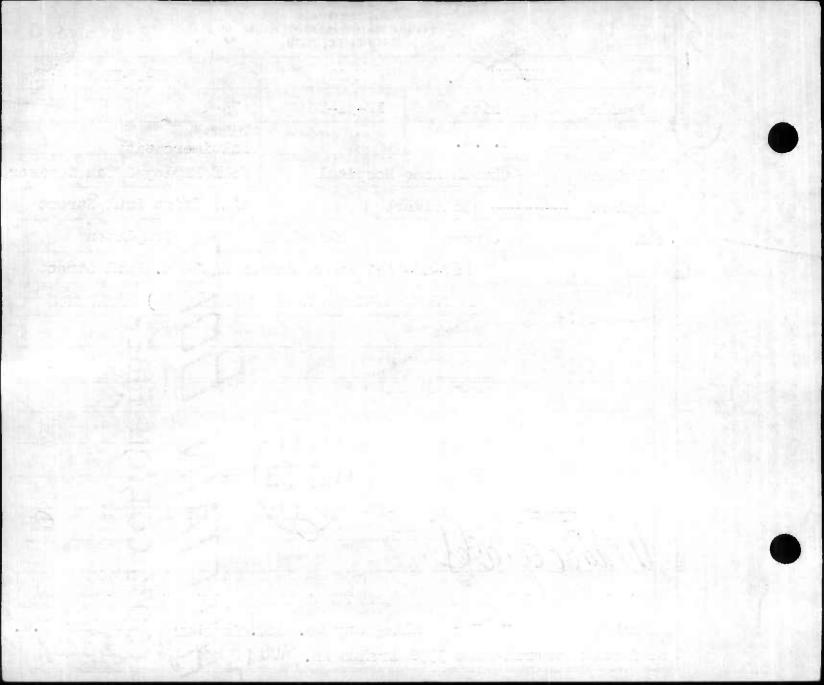
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REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.	
1. DECEASED NAME (TYPE OR PRINT)	ELIZABETH	M.	J	ENSEN	20. DATE OF DEATH		82 2b. HOUR 6:30p
Female	4. RACE Whit	ce	5. DATE C	7-31-08 YEAR	6 AGE (IN YEARS LAST E		YEAR IF UNDER 24 HR
BIRTHPLACE (STATE OR FOR PENNSYLVAN)	ia U.S.		WIDOWE		Baltimo	OR COUNTY OF DEAT	
Baltimore	Chui	ch Home	Hos	prother institution spital	120 USUAL OCCUPA	ployed ha	ND OF BUSINESS C
Maryland	S HOME OR OTHER INSTITUTION BL COUNTY	GIVE RESIDENCE BEFORE BALTIMO	re re	13d INSIDE CITY LIMITS? YES NO	13.2427 DDSS	int Paul	Street
John	MIDDLE Jei	nson		Elizabeth		Templeto	n <sup>AST</sup>
(YES NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	168-28-		Susan Jens	son 2427		Street
PART 2 OTHER SIGNIF	lost.	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN IN PAI	RT Iro
NO DATE OF OPERATION 210. ACCIDENT WAS UNDER	N 196 COND	ITION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAU	
210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOT IFY MEDICAL 218 INJURY OCCURRET	USE OF DEATH HOUR A. EXAMINER) P.	m. month da m.	Y YEAR	21c HOW INJURY OCCURR			
WHILE AT WORK	LAT HOME STE	EET, FACTORY OFFICE FA		STREET	CITYORT		
22a. I certify that (I) (1) Sow the described obove, (I) (Ve) and	ns hospital ottended the clive on 08-12-	c accessed from		DEGREE  ATTENDING PHYSICIAN	MEDICAL ST. DIRECTOR PHYS	AFF ICIAN CORPORATI	on the couses stated  DATE SIGNED
230. BURIAL, CREMATION, RE	MOVAL 236. DATE 8-17-	-82 23c N		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	a Alter	hany P.

DHMH - 16 50M 1/81 (VRA 15, 4)

etained by the hospital or ottending physicion

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24 FUNERAL DIRECTOR Schimunek Funeral Home 3331 Brehms Ln.



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS R. Jester Harvey 4 RACE 5 DATE OF BIRTH mg/6/07 Male cauc BIRTHPLACE (STATE OR FOREIGH. 76. CITIZEN OF WHAT COUNTRY? AMARRIED MEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH City Mari O CITY O BOWN TOP DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltemore SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVEN ESIDENCE BEFORE ADMISSION)

30 STATE 130 COUNTY 136. CITY OR TOWN Machinist Electric 212 South Clinton St. Md. Mr Balto. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST. Young Lillian Edward Jester ADDRESS 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. Amelia Jester 212 South Clinton St. 212-05-9922 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: sudden Cardiopulmonau DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
	DITIONS CONTRIBUTING TO DEATH BUT		AL DISEASE OR CON	DITION GIVEN IN PART 110
acute Mon	- Myelo. Fecken	na		
19a. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE		
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
22a.l certify that (I) (this haspital) saw the deceased alive an above, (I) (we) (Gid) (did nat) vi	19 an	nd that in (my) (our) opinion de		19 67, that (1) (we) la

DHMH - To 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

226. SIGNATURE

23c NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery

DEGREE

22e ADDRESS

Baltimore County

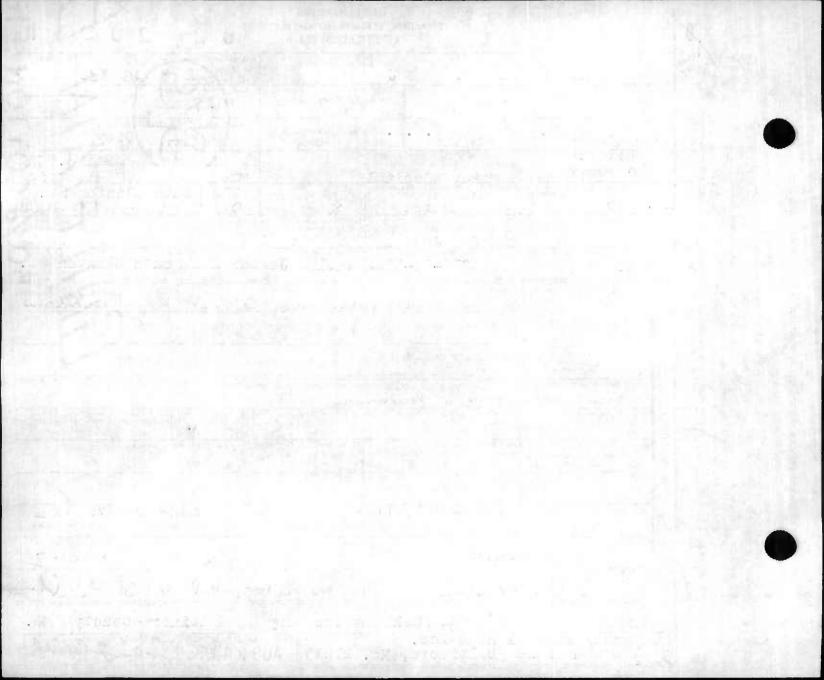
MEDICAL STAFF
DIRECTOR PHYSICIAN

Schimmek Funeral Home Inc. Brehms Lane Baltimore, Md. 21213

AUG 24 1982

ATTENDING

22c. DATE SIGNED



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	hoth	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filted in the function of should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages found 2 should be filted within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or from 18 shows any injury, or other troumatic event, the medical example mention of the decision of the medical examples in the medical exam
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	- 5 - 2	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, or removal.	ury.
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onh	TO HOSPITAL OR ATTENDING PHYSICIAN; The I	- 0 >	-
11:10	ONTO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page retained by the hospital ar attending physician.		_
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	(VF	RA 15, 4)	. 01

1	١,	FOR		DEPART		'E OF MARYLAND HEALTH AND MENTAL HYG	SIENE 45 +5	0	0 5	"2 "3
7		STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0.	0 5	W 64
		CEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH	MON1H [	DAY YEAR	26 HOUR
1		1111	Δ	C.		JETER	AUGUST 17	, 1982	2	10:59 p.
1	3 SE	X	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
CA		Female	Whi	te		uary 6,1913	69	YRS.	DATS DATS	HOURS MIN.
2	70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
5		Virginia	United	States	WIDOW		Baltimore	City	V	MD
25	m C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	F BUSINESS OR
2	B	altimore	Church			orp.	Factory-v			ng-house
1	J5U 13a	AL RESIDENCE (IF NURSING HOM STATE 136 CO	OR OTHER INSTITUTION		E ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
2		aryland		Baltimo		YES NO	1929 Flee	t St		
		ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
1		William	WIDDIE	Mabe		Sarah	J.		Pruitt	5 T
1		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDR	ESS	2 2 0 2 0 0	
		YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	225-34-	1523	Arthur Jeter	1929 I	leet S	3+	
	ATION	couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19th DATE OF OPERATION	(c)		DEATH BUT	NOT RELATED TO THE TERM				
2	CERTIFICATION		10		OPERATIC	IN WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	OF DEATH?
3	AT.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
Table 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	NER) P.		19					1.30
	AED.	21d. INJURY OCCURRED	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, I	ARM ETC )	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		AT WORK NOT WHILE AT WORK				00				
		22a. I certify that in (this ha			- 8	17 19 82	to8-17		9.82	that lost
		sow the deceased office above, (1) (was Idid Idid	not) New the body	ofter death.	82 。	nd that in (our) opinion o	death occurred on the d	ote and hour	and from the	couses stated
		22b. SIGNATURE	4 6.	Miles		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
1	H	22d PHYSICIAN S NAME (TY	PE OR PRINT)	1.1			ORTH BROADW		TIMORE	Md
	00	John		Viles		CHURCH HOSPI	TAL_CORPORA		TITIONE	21231
	230	BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	24.5	Burial  JNERAL DIRECTOR	Aug.20	,1982   Ho	olly E	ill Mem.Park			Lmore C	
		NAME	_	ADDRESS		PKTH	E REC'D BY REGISTRAR B 1 9 1982	25 REGISTE		
		Lilly & Zeiler	Inc.	1901 Es	stern	Ave. AU	0 1 0 1306	1000	- O- 10	energ

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Ø	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8	2 REG. NO	2	0	5	3	4
		CEASED NAME OR PRINT)	LE	ROY	F.	30	HNS		20 DATE O	FDEATH A	8	6	82	26 HOL	3 OAM
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		Conditions, if cooper to couse 101, st underlying co	ony, which immediate ofting the lost	SED BY: IATE CAUSE (o)  DUE TO, (  (b)  DUE TO, (  (c)	OR AS A CONSEOU	COON JENCE OF JENCE OF	7	Hepa	ahe		tas,		APPROXI SETWEEN		RVAL
-	ATION	19a DATE OF OPE	14	y per bei	MEM  OITION FOR WHICH	B	negi ?	100	200 AUT				RE FINDIN		D
2	CERTIFICA	21a. ACCIDENT WAS		21b. TIME	OF INJURY			JURY OCCURR	YES 🗌	NON	IN CERT	IFYING	CAUSES		TH?

YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION STREET 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

22b. SIGNATURE

ATTENDING PHYSICIAN MEDICAL 22e. ADDRES

RAJARAN

23c. NAME OF CEMETERY OR CREMATORY

should be detoched for use os the buriof-tronsit permit. Then p with the Stote Dept. of Health and Mental Hygiene prior to bur TO FUNERAL DIRECTOR: After this certificate has been

MPORTANT: If them 21 is morked or Item 18 sha

MEDICAL

DHMH - 16 60M 1/75 (VR A 15 (4))

236. DATE 8/10/82 230 BURIAL, CREMATION, REMOVAL Burial Saint Thomas Cem. 24. FUNERAL DIRECTOR

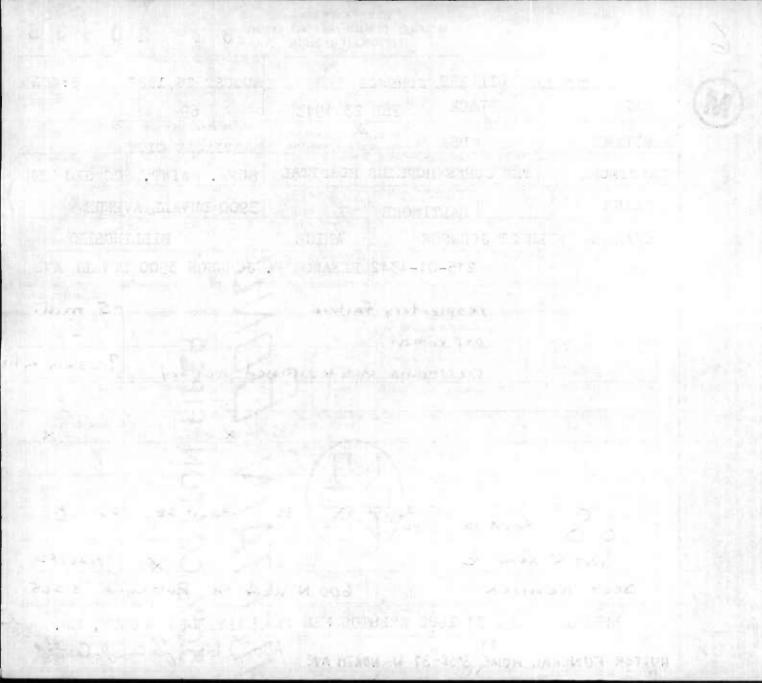
Randallstown,

STAFF

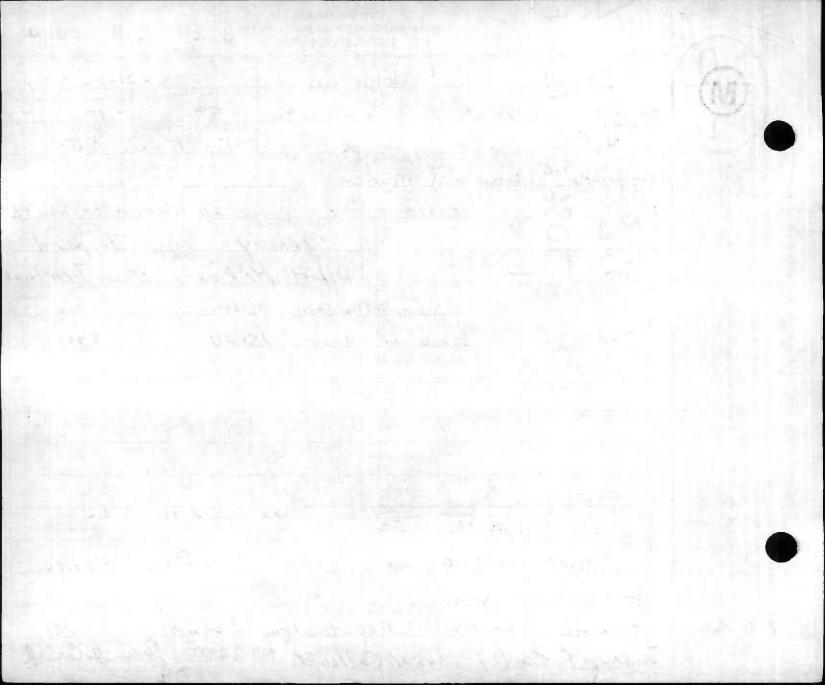
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DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR - STATE	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG	SIENE 8 2	2 (	) 5	3 5
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	1 SE		ES WILBERT J						:40A M
		MALE	BLACK	FEB	* 23°4915**	69	YRS		OURS MIN.
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	В	ALTIMORE	THE JOHNS HO	PKINS				LOUSTRY SEC	USINESS OR DA
5	ΛÅΙ	RYLAND 136 COU	NTY 13c. CITY OR TOV	VN	134. INSIDE CITY LIMITS?		ALL AVE	ENUE	
CHARLES WILBERT JOHNSON  BERTHPLACE (STATE OR FLORED)  MARY LAND  BERTHPLACE (STATE OR FLORED)  MARK STATE OR FLORED  BALTIMORE (IT ALL MURSING CHANGE OR FLORED)  BERTHPLACE (STATE OR FLORED)  BERTHPLA		BILLIN	IGSĽEY	Z					
							3900 DI	JVALL	AVE
	NO	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU	ENCE OF		ed prima	DITION GIVEN IN	2-3 w	nos, by l
1	TIFICAT	19a DATE OF OPERATION	195 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED		20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF	SUSED DEATH?
2		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D			RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 C	OR PART 2)	
1	MED	WHILE NOT WHILE		FARM, ETC )		CITY OR TO	wn c	OUNTY	STATE
		sow the deceased alive an above (1)(we) (did) (did no	ital) attended the deceased from Argust 26 1950 1950 1950 1950 1950 1950 1950 1950	2.0	nd that in (my) (our) opinion of DEGREE  ATTENDING	death occurred on the do	ote and hour and	from the coust 22c. DATE SIGN	ises stated
1		22d. PHYSICIAN'S NAME (TYPE OF			PHYSICIAN [ 22e ADDRESS 600 N.Wa	DIRECTOR PHYSIC	Saltima		1205
		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE AUG 31 1982	NAME OF C	EMETERY OR CREMATORY UTUS MEM PK	BALTIMOR	E COUNT	TY, MI	D . STATE
		UNERAL DIRECTOR  NAME  UTTER FUNERA	L HOME 3035-37	W. N	IDRTH AVE 250. AT		256 REGISTRAR'S		wif



Hi.				n Seria d
/	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2 2 (	) 5 3 6
	CEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
\	Fthel	Johnson	8-21	-82 3:50
3. SE		4 RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF L	JNDER 1 YEAR IF UNDER 24
7	emale	Black 12 - 7-18 92	59 YRS	
	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	- 9. BALTIMORE CITY OR COUNTY OF	DEATH
10	COUNTRY) ( C	USA MARRIED NEVER MARRIED WIDOWED DIVORCED	- 10	cita
10. €	ITY OR TOWN OF DEATH .	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS
1/1/	Baltimore City	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY "
300	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		
ALC: NO.	Y D.	13d. CITY OR TOWN 13d. INSIDE CITY LIMIT YES X NO 1	S? 130 STREET ADDRESS	Frame
of the same of	ATHER'S NAME	15. MOTHER'S MAIDER	NAME	
2001	FIRST	MIDDLE LAST PRINT	MIDDLE	LAST
	WAS DECEASED EVER IN U.S. AR		ADDRESS	reppar a
9/	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	Makingal 25	71 Toppe 6
2/		HIBERI	rickinney 200	APPROXIMATE INTERVA BETWEEN ONSET AND DE
1		ly one cause per line for (o), (b), and (c).) D BY:	Noaboa	BETWEEN OASET AND DE
2	430 IMMEDIAT	TE CAUSE (a) CON AND OMENHAMING	avest	1 all
10	12/2	DUE TO, OR AS A CONSEQUENCE OF	10000	24-
hron	Conditions, if ony, which gave rise to immediate	(b) Generalius sinere	Bedy	711.
Der De	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
0 1		(c)		
NO NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN	IN PART No
E shaw gany min	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, W	ERE FINDINGS USED
7			YES NOT YES T	G CAUSES OF DEATH?
17 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	
- 1.4	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY 21f LOCATION		
M ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STAT
100	AT WORK	tal) attended the deceased from 19	62/ 6/21	Parameter
- 10	saw the deceased alive an	8/21 19 C 7 and that in (my) (our) and	nian deoth accurred an the date and haur ar	that (I) (we
20		t) view the kiddy after death	The second of the date and hoor of	id from the cooses state
21 8 9	above, (Highe) (did) (did no			111- DATE CICNED
# Rem 21 is o	above, (Hive) (did) (did no 22b. SIGNATURE	DEGREE	NG MEDICAL STAFF	22c. DATE SIGNED
NT. # Nem 21 is n	226. SIGNATURE	Punzalen mp DEGREE ATTENDIN PHYSICIA		8/23/1 -
/ NTANT, # News 21 is a	above, (Hawe) (did) (did no 27b. SIGNATURE	Punzalen mp DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF	8/23/1 L
MORTANT. # Nem 21 is o	226. SIGNATURE	Punzalen mp DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF	8/23/1-
80	226. SIGNATURE	Punzalen mp DEGREE ATTENDIN PHYSICIA	DRY 123d LOCATION	8/23/5-
MPORT	226. SIGNATURE  22d PHYSICIAN'S NAME TYPE O  LIMINIE PIA	DEGREE ATTENDIN PHYSICIA  22e ADDRESS  220 ADDRESS	DRY 123d LOCATION	222. DATE SIGNED  8/23/52  OUNTY  MS141
230 E	226. SIGNATURE  22d PHYSICIAN'S NAME TYPE O  LIMINIE PIA	DEGREE ATTENDIN PHYSICIA  220 ADDRESS  230 DATE 231 NAME OF CEMETERY OR CREMATO  A 206-81  ABbutus Me	DRY 23d LOCATION CITY OF TOWN	8/23/5-



-	1			STAT	E OF MARYLAND				
	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	B REC.	20	) 5	3 7
		CEASED NAME FIRST EOR PRINT)	Y Edward		huson	20. DATE OF DEATH	MONTH DAY	YEAR 26 H	HOUR P. A
	3. SE		14 RACE White	5. DATE (	DF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST B	RTHDAY) IF UNDE	DAYS HOL	NDER 24 HRS JRS MIN.
4		IRTHPLACE (STATE OR FOREIGN Manyland	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D MEVER MARRIED	9 BALTIMORE CITY Baltimon	OR COUNTY OF DE	ATH	-
100	10 Ci	altimore	11. NAME OF HOSPITAL, NURSIN	APORESS)		12a USUAL OCCUPA	TION 126.	KIND OF BUS	SINESS OF
5	SU.	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?  YES ** NO	112. STREET ADDRESS	Fourth St.		ants 25
0		ATHER'S NAME Zacharia	MIDDLE Johnson		15. MOTHER'S MAIDEN NA.	77 1		Vogel	
1	16a V	NAS DECEASED EVER IN U.S. YES (NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECTOR OF THE PROPERTY OF THE PROPERT		Mrs. Mary K.	Johnson			
	ATION	Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEOU	TAS	STATIC CARE	CINOMA B	LADOER OSTATE		
1	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	YES NO	IN CERTIFYING (	CAUSES OF D	
1	MEDICAL C	OR CONTRIBUTING CAUSE OF LIFELITHER NOTIFY MEDICAL EXAMI  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	DEATH HOUR A.M. MONTH D	19	211 LOCATION STREET	CITY OR T		UNIY	STATE
10		220 I certify that (I) (this ha	on Aug 4 19 19 19 19 19 19 19 19 19 19 19 19 19		nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN		AFF 22	, mar	
1		22d. PLYSICIAN'S NAMI (TYP	CORPRINT)		SULTHBAL	TIMORE G	enc Hos	PITA	1.
		BURIAL, CREMATION, REMOV (SPECIFY)  Burial  UNERAL DIRECTOR		t. Ma		Laurel,	Prince Ge	orge,	MA.
	Mc	Cully F.H. 237	E. Patapsco Ave.	Balt	AUG	3 0 6 1982 1	Johns	L Com	eg
					, cc,				

DHMH - 16 50M 1/81 (VRA 15, 4)

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SION OF VIII	PHYSICIAN:
Ain a	TTENDING
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If them 21 is marked or tem. 18 shaws any injury, or other traumotic event, th

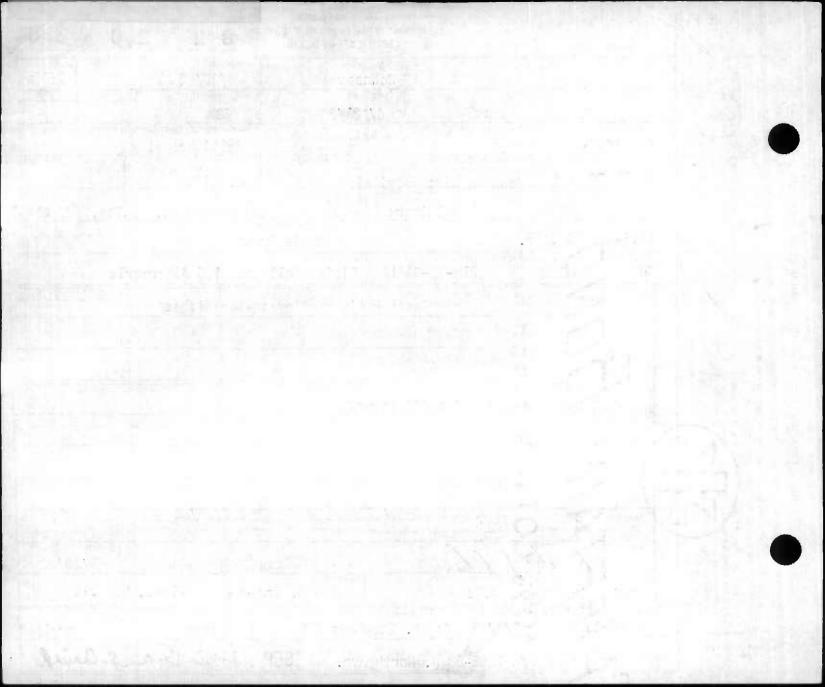
FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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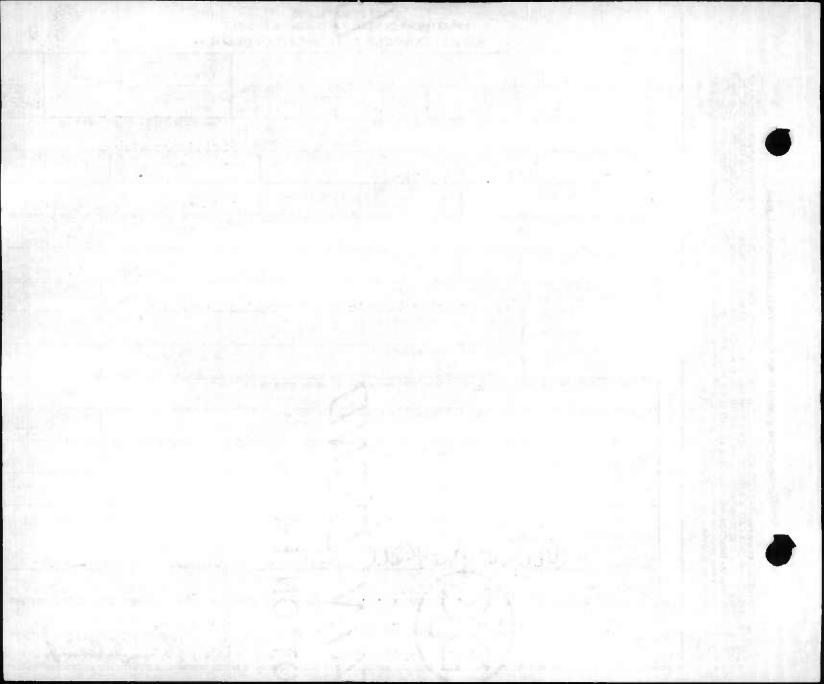
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REG	GISTRAR		CERTIF	ICAIL OF DEATH		REG. NO.		The House
TYPE OR PE		WIDDLE		AST		OF DEATH MONTH	DAY YEAR	2b. HOUR
	Irene		Johr	nson	8	/28/82		9:46a <sub>M</sub>
3. SEX		4. RACE	5. DATE C	DAY YEA		(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
-	female	black		21/20			RS	
Rack	River, MD	76 CITIZEN OF WHAT	COUNTRY?   8 MARRIE	D NEVER MARRIE		MORE CITY OR COU		
		U.S.	WIDOWE			Itimore Ci		MD
	timore		TAL, NURSING HOME O	OR OTHER INSTITUTIO	(TYPE OF V	AL OCCUPATION WORK FOR MOST OF WORK IP		OF BUSINESS OR
	SIDENCE (IF NURSING HOME O	LJohn Hopk	ins Hospita	al	hous	<u>ewife</u>		
MD	E 13b COU	NTY 13c. C	Baltimore	13d Inside City Lim Yes 🔀 No 🗌	332 B	allou Ct.	Balto.	, MD 2123
	liam Craig, S	Sr.	LAST	15. MOTHER'S MAIDE Jennie	e Brown	WIDDI£	L	AST
160 WAS	DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	11.	ADDRESS	1	
NO		¥18	-09-8451E	Eloise Ho	olloman	155 Alber		
18 (	CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line fo	ir (o), (b), ond (c)			1.2	BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		TE CAUSE (o)Ar	teriosclero	otic cardio	ovascula	r disease		
	10/0	DUE TO, OR AS A	CONSEQUENCE OF					
	inditions, if any, which	(p)						
	use (a), stating the derlying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF					
DAG	T 2 OTHER SIGNIFICANT	(c)						
Z CA	Perinheral		nsufficienc		E TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART	(a)
CERTIFICATION	DATE OF OPERATION		FOR WHICH OPERATION		20a AL		YES, WERE FIND	
Ħ					YES		RTIFYING CAUSE	S OF DEATH?
21a.	ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c. HOW INJURY O		R NATURE OF INJURY IN ITEM		
V OR	CONTRIBUTING CAUSE OF DE.		MONTH DAY YEAR					
WEDICAL 21d	INJURY OCCURRED	21e. PLACE OF INJ	TORY, OFFICE, FARM, ETC.)	21f. LOCATION		CITY OR TOWN	COUNTY	STATE
	ORK NOT WHILE	(AT HOME, SIREET, PAC	TONE, OFFICE, PARM, ETC.)	STREET,		em on route		STATE
22a.	I certify that (1) (this hosp	7 /22 /02	ased from 9/17		, ta	7/23/82	. 19	, tho (1) (we) last
	sow the deceased alive on above (1) (we) (did) (did no	7/23/82 at) view the bady after of	19, an	id that is (my) (our) or	pinion death accu	irred an the date and	hour and from the	e causes stated
22b.	SIGNATURE	1. 000	0	DEGREE			22c. DAT	E SIGNED
	Chs. St	way the	5	M.S. ATTENDI	ING MEDICA IAN XX DIRECTO	AL STAFF OR PHYSICIAN	8,	/30/82
22d.	PHYSICIAN'S NAME (TYPE O			22e ADDRESS	D 1	D 11	MD 0	1001
	Chi-Shiang C	hen, M.D.		100 N.	Broadwa	y Balto.	., MU 2	1231
23a BURIA	L, CREMATION, REMOVAL			EMETERY OR CREMAT	ORY 23d LO	CATION CITY OR TOWN	COUNTY	STATE
	Burial	9/3/82	St. Step	ohens AME		Essex		Maryland
	AL DIRECTOR	T. 11. 100 C. 3	ADDRESS			Y REGISTRAR 25 9EC	GISTRAR'S SIGNA	TURE
Wm (	C Brown Comm	F/H 1206-0	8 W. North	Ave.	SEP, 2	1982	and le	inely



20M 4/82

STATE OF MARYLAND



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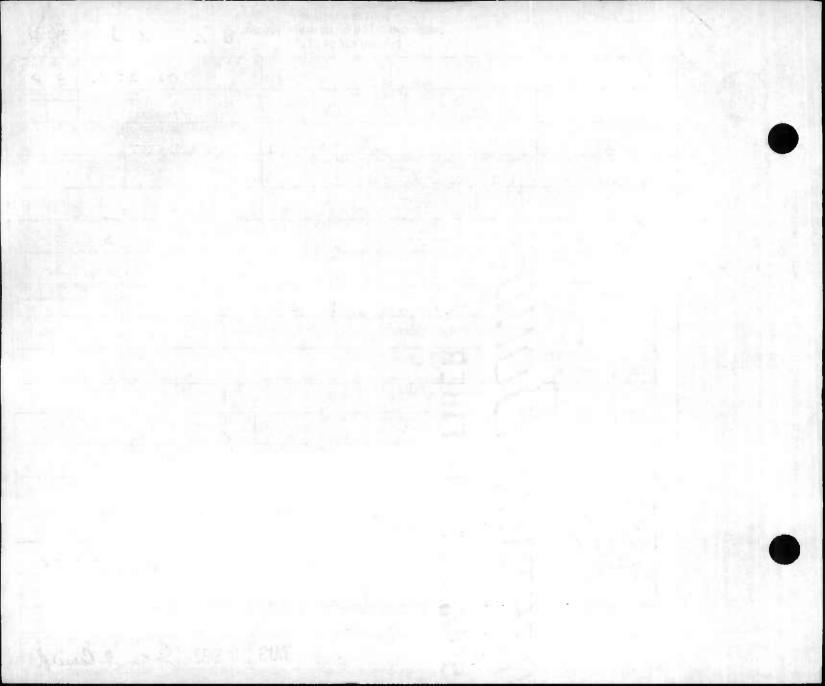
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the othernding physicion and coshould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

completely filled in by the funeral 1 Jan 2 should be filed within 72

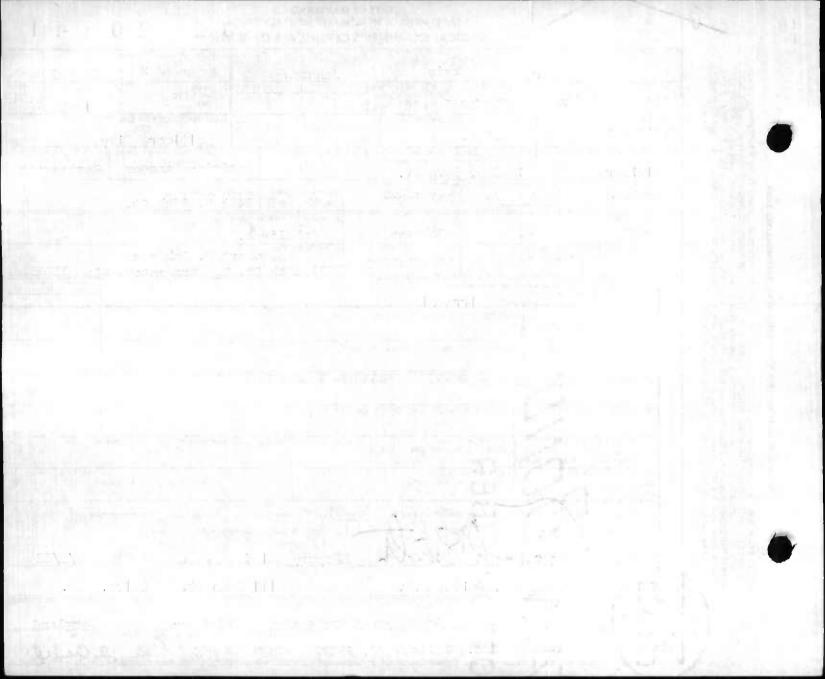
						SIAI	E OF MARTLAND				4	
	1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYC	GIENE 8 2	2 NO.	0 5	K.	0
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOL	UR
	(117)		MARIE		J	OHNSON			G8	25 82	8	PM
	3 SE	× ·		4 RACE		C DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	
		'emale		Blac		7ºNTH	19 25		57 YRS	MONTHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR COUNTRY)  rginia	FOREIGN	76 CITIZEN OF US	what country	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY				
7		TY OR TOWN OF DE	ATH			WIDOWE	DR OTHER INSTITUTION	BALTIMO		Y 12b KIND C	E BLISINI	MD.
4		BALTIMORE		UNION	THE FACILITY, GIVE STREET	ET ADDRESS) AL HOS		(TYPE OF WORK FOR MOS			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200 011
5	13a. S	AL RESIDENCE (IF NUR STATE Aryland	13b. COUN		Balti	WN	13d. INSIDE CITY LIMITS? YES 🙀 NO 🗍	1613 Ch	llton	Avenu	е	
10	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME				
0		John		enry	Pryo	r	Abbie	MIDDLE		Spe	aks	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMANT		RESS			
/		No	(18 165, 614	E WAN OR DATES)	212-22	-4031	George Coc	krell 42	17 Fu			
		18 CAUSE OF DEAT	H Enter on	ly one couse per	line for (o), (b), (	ond (c)	0 4			BETWEEN	imate inte onset and	RVAL D DEATH
-		11100		E CAUSE (o)	Myaca	rdial	interction	7				
		4100	)	DUE TO, O	R AS A CONSEO	UENCE OF						
		Conditions, if ony gove rise to imi		(b)_								
- 1		couse (a), statis	ng the	DUE TO, O	R AS A CONSEO	UENCE OF						
				(c)								
	N O	PART 2 OTHER SIG	NIFICANTO	ONDITIONS <u>Co</u>	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	INDITION GI	VEN IN PART 1	a	
	ATIC	190 DATE OF OPERA	TION	19b COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USE	D
	IFIC							YES NOT		FYING CAUSES	OF DEA	
	CERTIFICAT	21a, ACCIDENT WAS UN	DERLYING [				21¢ HOW INJURY OCCUR	-			1.0	
1		OR CONTRIBUTING		US .	M. MONTH M.	DAY YEAR						
	MEDICAL	214 INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION					
	W	AT WORK NOT WE AT WO	HILE D	(AT HOME, STI	REET FACTORY, OFFICE	E. FARM, ETC )	STREET	CITY OR	IOWN	COUNTY		STATE
		22a I certify that (1)	(this hospit	ol) ottended th	e deceosed from	8/2	4 , 19.82	, to8/-	25	19 82	that (I) (	we) lost
		sow the deceos obove, (I) (we) (	ed olive on	8/25	ofter death	82° or	nd that in (my) (our) opinion	deoth occurred on the	date and ha	ur and from the	couses st	oted
		226. SIGNATURE .	did (did iio	I / O	oner deam.		DEGREE			22c. DATE	SIGNED	
		Burn	OH.	Kale	M.D.		ATTENDING PHYSICIAN [	MEDICAL ST	AFF ICIAN	8/	22/5:	2
1		22d. PHYSICIAN'S N.	AME (TYPE O	PRINT)			22e ADDRESS				,	
L		BRIAN	H.KAHI	U M D			UNION MEM	ORIAL HOSP	ITAL			
	- 0	SPECIFY)	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
	I.	URIAL		8/31	/82	Baltin	more Cem.	Baltin			N	Md.
		INERAL DIRECTOR		4	ADDRESS			REC'D. BY REGISTRA	RIJOSIS	THAR'S SIGNA	URE	
	Wn	n. C. Mai	rch F	/H 110	1 E. N	orth.	Avenue   AU	0 4 1 1902	John	ugh li	thick	K



	CEASED NAM	E FIRST		WIDDLE		LAST		20.		NOWN [	MONTH	H DAY	YEAR
TYP	E OR PRINT)	Robe	ert	Crai	g	Joh	nson		OF DEATH A	MATED [	0		19 82
Ma		White	5. DATE OF BIR MONTH 10/19	AY YEAR	6 AGE IN YE.	ARS IF UNDER 1 Y AY) MONTHS DAY RS.	R. IF UNDER		DATE ONOUNC DEAD	CED	монтн		19 8
ca. BI	RTHPLACE (SEIGN COUNTRY)	TATE OR	76. CITIZEN OF		INTRY?	MARRIED U	NEVER MARR	IED LX		recity	_	NTY OF D	
В	altimo.	^e	1423 V	N. 36+1	h St.	, OR OTHER INST	ITUTION	Musi	TOF WORKE	ATION (TYPE NG LIFE) -Mana		OR	ID OF INDU star
130M	aryland			13 Ba.	CE BEFORE ADMISSING POPTOWN	13d. INS YES				s 86th	St.		
R	obert		W.		ohnson		THER'S MAID PREST Ophelia		MID				LAST
ióa. V	ES, NO, OR UNKN	D EVER IN U.S. A	RMED FORCES? (E WAR OR DATES)		6.68.75			Robert St. W		Johns Johns aden	on	Fla	3
	gave r	IMMEDIA ins, if any, whice ise to immediate	h te (b)_		ONSEQUENCE								
NO	gave r cause (d lying ca	ins, if any, which ise to immediate a stating the under use last.	h (b)	, OR AS A CO	)nsequence (		OITION GIVEN IN P	ART I (a)					
FICATION	gave r cause (c lying ca	ins, if any, which ise to immediate a stating the under use last.	h (b) DUE TO,	, OR AS A CO	DNSEQUENCE (	OF		ART 1 (a)					
CAL CERTIFICATION	gave in cause (c lying ca  PART 2 DTHER 1  19a. D'ATE O  21a. EXTERN UNDERLYIN	ins, if any, whice isse to immediate of the state of the	h (b)C DUE TO, (c) SCONTRIBUTING TO DI 19b CO 21b TIM HOUR	, OR AS A CO	DASEQUENCE ( LATED TO THE TERM  R WHICH OPER	OF  MINAL DISEASE OR (DNI  RATION WAS PER  216 HOW INJ	FORMED?		TURE OF INJU	RY IN ITEM 18	3 PART 1 OR	Y	
MEDICAL CERTIFICATION	gave in cause (c lying ca	ins, if any, whice is to immediate it is to immediate it is to immediate it is to include it is to immediate	h (b) DUE TO, (c) S CONTRIBUTING TO DI TIME HOUR F DEATH	OR AS A CO	CLATED TO THE TERM  R WHICH OPER  H DAY YEAR  19  RY (AT HOME,	OF  MINAL DISEASE OR (DNI  RATION WAS PER  216 HOW INJ	FORMED?	ED (ENTER NAT	TURE OF INJU			Y	UTOP 'ES C
MEDICAL CERTIFICATION	gave recause (course (course (course (course (course)))) and the course (course) and the course (cours	INTERPORT OF THE PROPERTY OF T	h (b) DUE TO, (c) 19b CO  21b TIM HOUR F DEATH  21e PLA STREET	EATH BUT NOT RE  NOTION FOR  E OF INJURY  A.M. MONTI  P.M.  ICE OF INJURY  FACTORY, FARM.	ELATED TO THE TERM R WHICH OPER H DAY YEAR 19 RY (ATHOME,	Autopsy  AINAL DISEASE OR (DNI RATION WAS PER  216 HOW INJ RATION STREET	FORMED?	ED (ENTERNA)	Inquiry	n a		PART 2) COUNTY apinian	ES [
	PART 2 DTHER 19a. DATE O  19a. DATE O  21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK  22a. I cer death resul ACTUAL SIGNATURE EXAMINER 1 (TYPE OR PR	IGNIFICANT CONDITION  AL CAUSE WAS  G OR  OCCURRED  NOT WHILE  AT WORK  Ify that I task cho  ted from Not	DUE TO.  (c)  19b CO  21b TIM HOUR F DEATH  21e PLA STREET  19gal causes  Momas D.	EATH BUT NOT RE  NOTION FOR  E OF INJURY  A.M. MONTH  P.M.  NCE OF INJURY  ACTORY, FARM  S described ob  Accorded  Smith,	CHATED TO THE TERM  R WHICH OPER  H DAY YEAR  19  RY (AT HOME,  LETC.)  M. D.	Autopsy  AINAL DISEASE OR (DNI RATION WAS PER  216 HOW INJ RATION STREET	Inspectic  Inspectic	ED (ENTERNA)	Inquiry Inquir	nner .	nd in my DAT SIGI	PART 2) COUNTY apinian	9/2

STATE OF MARYLAND

20M 4/82



FOR	DEPARTMEN
STATE	C
REGISTRAR	· ·

STATE OF MARYLAND T OF HEALTH AND MENTAL HYGIENE ERTIFICATE OF DEATH

41										REG. NO.					
		CEASED NAME OR PRINT)	FIRST		MIDDLE ALTES	To	m so	n	20. DATE O	F DEATH M	8	I D	82	26. HOU	
И	. SEX	<i></i>	200	4 RACE	GNES				4 ACE INI	EARS LAST BIRTHE		IF UNDER		12=18	H M
	J. SEA	GRAFINI) ST	ale	KACE	White	S. DATE O	DAY	13		68°	YRS	MONTHS	DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNT	MARRIE	NEVER	MARRIED -		RE CITY OR			ATH		
d		MD			.A.	WIDOWE	D 0	NORCED		timor		ity			MD.
Š		altimore	TH		HOSPITAL, NUR H FACILITY, GIVE STR CLFF MOT	REET ADDRESS)		lospital	(TYPE OF WOR	occupation k for most of v emaker	WORKING LI		CIND OF USTRY	BUSINE	SS OR
5	JSUA 3a S	AL RESIDENCE (IF NURSI TATE Md.	NG HOME OR	11A	GIVE RESIDENCE BEF 134. CITY OR TO Baltir	NWC	13d INSIDE YES 💢	CITY LIMITS?	13° STREET	ADDRESS Hort	ton	Ave	•		
0	14. FA	THER'S NAME FIRST Samue		WIDDLE	Jee	ter	15. MOTHER	SMAIDEN NA Susan	AME	WIDDLE	Me	Gar	rit	У	
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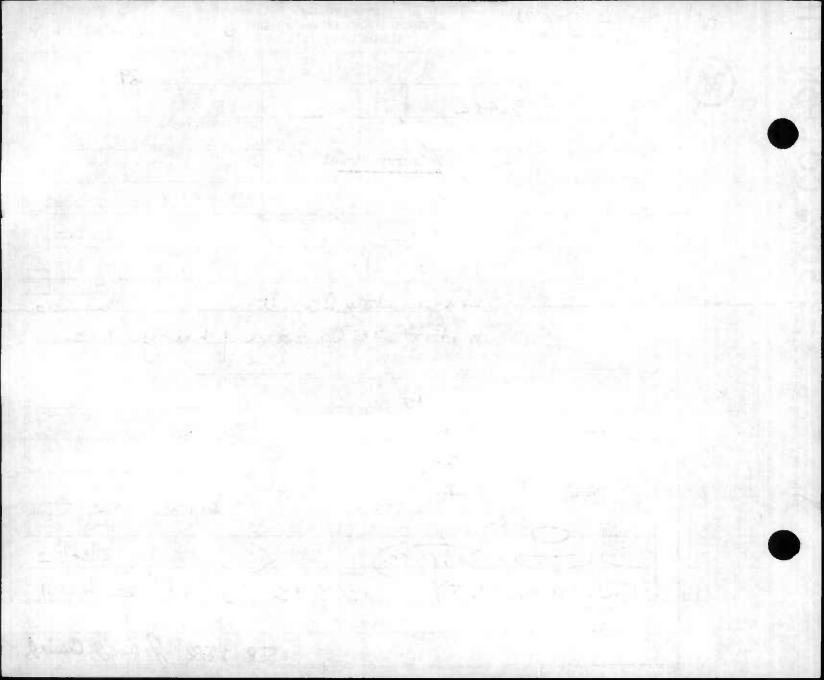
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IMPORTANT: If Item 21 is morked or Item 18 Apra any Injury, or other troumotic event, th TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the turnal-training permit. Then please remove carbon pape with the State Dept. of Health and Meetal Hagene price to buriol, cremotion, or removal.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and curshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

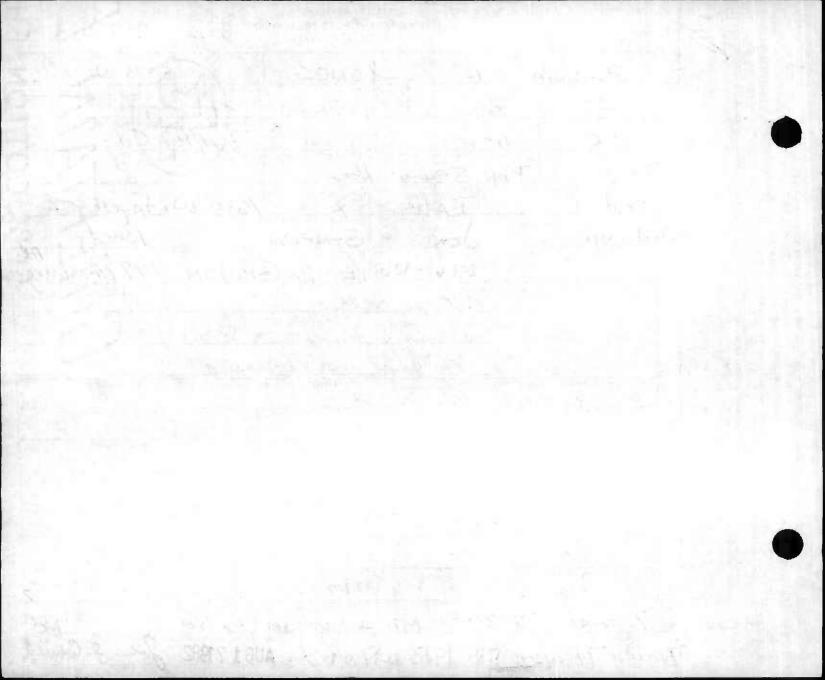
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.

6HMH - 16 50M 1/81 (VRA 15, 4)

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requires that the death certificate be executed within 24 hours ofter death

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226 SIGNATURE  DEGREE  MI) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR		sow the deceosed olive on	he hady after death	, and that in (my) (our) opinion (	deoth occurred on the do	ote and hour and from the couses s
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA		22b. SIGNATURE	ne body offer deom.	DEGREE		224 DATE SIGNED
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M. CEHMAN 2717-HAMMONDS FERREY Pd BALTO 230 BURIAL CREMATION, REMOVAL 236, DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY ASSOCIATION COUNTY ASSOCIATION COUNTY		111/00			DIRECTOR   PHYSIC	IAN TO
230 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY SPECIFIC OR BALLOW COUNTY		22d. PHYSICIAN'S NAME (TYPE OR PRINT)				101
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY ASSOCIATION COU		M. KEHm Dal		2717-Hosan	10 1 1/2 C Z	DO PI PHETO
(SPECTBUIZIN) 8-20-82 MT. IBUBURN CON BALTO COUNTY A	22 5					they had al
BUIZIRI 8-20-04 MY. IAUBURN COM BALYO	230 B	SPECT 20 SPECT 236. D	AIE A COL IST NAM	E OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256 R. TRAR'S SIGNATURE C	-	puzin 8	- 50-00 W	1. IAUDURN COM	BALYS	
	24. FU	INERAL DIRECTOR		25a DAT	E REC'D. BY REGISTRAR	256 R RAR'S SIGNATURE
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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	).		
	CEASED NAME	FIRST	A	AIDDLE		AST	20	DATE OF DEATH		DAY YEAR	2b. HOUR
(Tire		EDWA	RD C	ROXALL	_ J	ONES		August 19	, 198	32	9:45 M
3. SE	(	4.	RACE		5. DATE C			AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	Male		Wh:	ite	May			80	YRS.	NONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE ORF	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	D MEVER MARRIED	9	BALTIMORE CITY O		OF DEATH	
	Maryland		U	SA	WIDOWE			Baltimo	re Ci	itv	MD.
_	TY OR TOWN OF DEA	TH 11		HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	N 12	USUAL OCCUPATION	NC	126. KIND C	OF BUSINESS OR
	Baltimore			Tudor A		Ave.		Attorney	- MOKKING [IE		of MD
130. 5	al residence (if nursi state aryland	NG HOME OR OTH 13b. COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltim	N	13d. INSIDE CITY LIMIT YES NO		street address 3728 Tuc	lor A		
14. FA	THER'S NAME					15 MOTHER'S MAIDEN	NNAME			-	
	Arthur	MID	DIE	Jones		Ella		MIDDLE		LAS	
	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDRE	SS		Jones
	YES NO OR UNKNOWN)	(IF YES, GIVE W		212 10 9	180	Alice M.	Jor	nes,	9	Same	IMATE INTERVAL
z	Canditians, if any, which gave rise to immediate			R AS A CONSEQUE	NCE OF			AL DISEASE OR CONE	DITION GIV	EN IN PART 1	gens .
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	, WERE FINDII YING CAUSES	
MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING COR (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK	AUSE OF DEATH ALEXAMINER)	P./ 21e PLACE (	m, month da m,	19	211 LOCATION STREET	CCURRED			COUNTY	STATE
	220.1 certify that (1) saw the decease abave, (1) (ميرة) (ط 22b. SIGNATU	d alive an_ id) (did) not) v	iew the bady	19		DEGREE ATTENDIN PHYSICIA  122e ADDRESS	NG .	, to	F		
	Dr. Marl	k Buga	an, M	.D.			Biddle	e Street,	Balte	o., M	d.

(VRA 15, 4)

DHMH - 16 50M 4/82

hould be detach with the State De WPORTANT, IF

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation 23b. DATE 8/20/82 23c. NAME OF CEMETERY OR CREMATORY Green Mount

23d LOCATION
CITY OR TOWN
Balto.

COUNTY

STATE

AUG 23 1982 John & Gu

<sup>24. FUNERAL DIRECTOR</sup> Henry W. Jenkins & Sons Co. 4905 York Road Balto., Md. 21212

e e t to L Andrea Company St., 1902 Attorney went the comment SYES TURBER APPE AVE. x enomilla Literature ate to sto the like W. Jones. the state of the s DESCRIPTION OF THE PARTY OF THE in. Mark wan, M. . . to see all is the second of th Committee distance de l'Organ Mount Hanny W. Janina & sons Co. THE YORK FULL SHOON, WILLIAM

DHMH - 16 50M 1/81 (VRA 15, 4)

0	1.	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 5 4 6							6		
	1 DE	CEASED NAME	velyn		NIDDLE		ones	/ 177	20. DATE OF 8/8/	22	MONTH S	P ZZ	1	PM.
		Fema		CX	W cauc	2	7	1917	-	EARS LAST BIRT	YRS	MONTHS DAYS		MIN.
3		Md.	- /	U.	S AU.S	WIDOWE	D DNO	RCED [		Ci	ly	City		MD
2	1	City			Hospi	ta1s	R OTHER INSTITU	ITION	Fash	nsul			yns	
35	13a N	AL RESIDENCE (IF NURS	Balti		Balti	1	hand	Z.	230 D	Cro	B <b>ck</b> er	el Ai:	r, N 210	
30		John		DDLE	Tind		15. MOTHER'S M		ME	R.		Davi	AST S	
2		NO OR UNKNOWN)	IN U.S. ARME		218-10	-8541	Gordo	on D.		s 23	0 D	Crock	er I	r.
	NOI	18 CAUSE OF DEAT PART I. DEATH W  162 9  Conditions, if ony, gove rise to immage to im	IMMEDIATE  , which mediate as the last	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)	AS A CONSEQU	ence of	Mot related to	THE TERM	IN AL DISEASI	E OR COND	DITION GIV		DXIMATE INI	ND DEATH
2	CERTIFICATION	90 DATE OF OPERA			ION FOR WHICH	OPERATION			200 AUTO	XION	IN CERTIF		S OF DE	ATH?
9	MEDICAL CE	21a. ACCIDENT WAS UNI OR CONTRIBUTING [     [IF EITHER NOTIFY MEDI 21d. INJURY OCCUR!	CAUSE OF DEATH ICAL EXAMINER)	P.A 21e. PLACE C	A. MONTH D A.	AY YEAR	7H JOCATION	RY OCCURE	RED (ENTERNA	TURE OF INJUR		PART I OR PART 2)		STATE
		220. Certify that (I) sow the decease that we have	(this hospital			-	that in (my) (au	r) apinian o				ur and from th	E SIGNE	D
7		274 PHYSICIANES	Suns	RINT)	DANC		22e ADDRESS	SICIAN [	MEDICAL DIRECTOR	100/		1 B	18/8 xls	6
		BURIAL, CREMATION,		8/11/8			of Fa	ith		Itim		Md.		STATE
		705 Bela				212	36	AUG	1019	82	JEGIST	TRAR'S SIGNA	TURE	4

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requires that the death certificate be executed within 24 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by

should be detached for use as the burial-transit permit. Then please remove carbanapopers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows any

injury, or other troumotic event, th

FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	REGISTRAR				CERTII	ICAIL OI D	LMIII		REG. NO.			
	CEASED NAME	FIRST		MIDDLE	L	AST		2a. DATE OF DE	ATH MO	D HINC	AY YEAR	2b. HOUR
11176	OR PRINT)	Gladys	1	Ε.	Jon	es		August	1, 19	982		6:40 A
3. SE	X	4	. RACE		5. DATE C		WE AD	6. AGE (IN YEAR	S LAST BIRTHO		ONIHS DATE	HOURS MIN.
	Female		Black	k	5	28	3 5		47	YRS.	DATS	HOURS MIN.
	RTHPLACE (STATE (	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED 🗆	9 BALTIMORE	CITY OR	COUNTY	OF DEATH	
M	aryland		USA		WIDOWED DIVORCED			Balti	MD			
10. CI	Baltimor		1. NAME OF I	HOSPITAL, NURSING HEACHLITY, GIVE STREET and Gener	NG HOME OR OTHER INSTITUTION TADDRESS) TAI HOSpital		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE			12b. KIND OF BUSINESS O INDUSTRY		
130 S	AL RESIDENCE (IF NI STATE aryland	URSING HOME OR O		GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo	/N		NO 🗌	13e STREET ADD	esst	man	Stree	et
14 FA	ATHER'S NAME	M	IDDLE	LAST		15. MOTHER'S			AIDDLE		1.4	
	Ear1			Moore		Gla	dys				Abi	rams
	VAS DECEASED EVI		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMAN	IT.		ADDRESS			
	N/A	( " )	This on Dates;	N/A	A	Glady	s Abr	ams 53	1 Pr	esst	man S	Street
	Conditions, if or gove rise to i couse (o), sto underlying cou	mmediate sting the use lost.	DUE TO, O  (b)  DUE TO, O  (c)	Arrhythm  R AS A CONSEQUE  End Stag  R AS A CONSEQUE	ENCE OF ENCE OF		ure					
MEDICAL CERTIFICATION	1	PART 2 OTHER SIGNIFICANT CONDITIONS CO.		TION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPS	Y? 2	Ob. IF YES, N CERTIFY	WERE FINDII	NGS USED S OF DEATH?
ICAL CERT	21a. ACCIDENT WAS LOOK CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURR	YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				NO 🗌
MED	21d. INJURY OCCU	WHILE	21e. PLACE ( (AT HOME, STR	OF INJURY SEET, FACTORY OFFICE, F	ARM ETC )	21f LOCATIO STREET	V	C	ITY OR TOWN		COUNTY	STATE
	220. I certify that (I) (this hospital) attended the deceased from 30, 19 82 to August 1 t								22c. DATE			
23a B	BURIAL, CREMATION		23b. DATE 8-5-	23c N		EMETERY OR CI	REMATORY	123d LOCATIO			COUNTY	M d'TATE
24 FL	INERAL DIRECTOR			ADDRESS	_		250 DATE	E REC'D. BY REGI	STRAR 25	REGISTR	AR'S SIGNAT	TURE

 $\label{eq:wm.name} \text{Wm.} \overset{\text{NAME}}{\text{C.}} \text{March F/H 1101 E.} \overset{\text{ADDRESS}}{\text{North Avenue}}$ 

DHMH - 16 50M 1/B1 (VRA 15, 4)

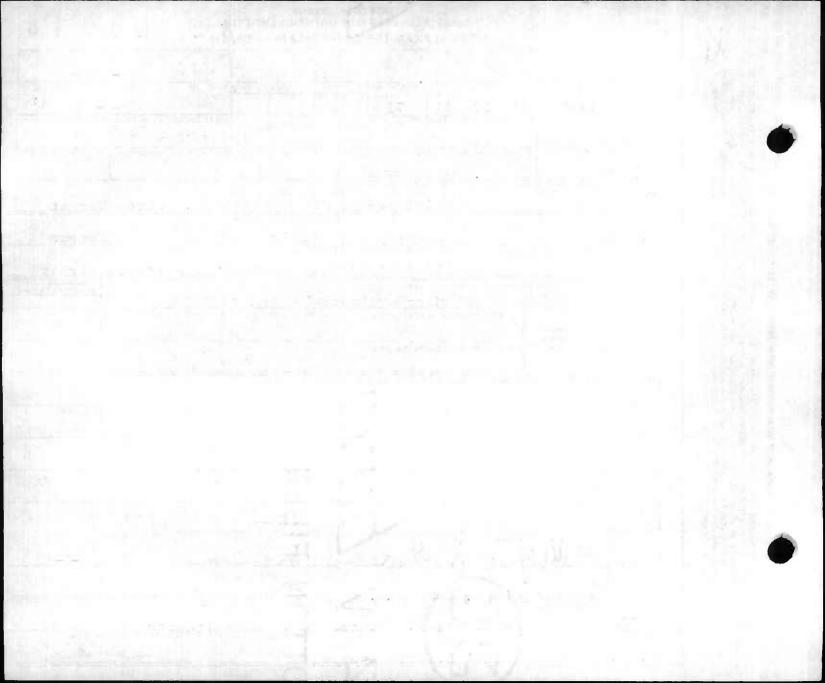
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STATE OF MARYLAND



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

C = FRANK COMPANY TO THE STATE OF THE STATE MALE BLACK AUG 22 1930 Batter U.S Land Francisco Constitution Carte one of the second 1110 U.S BATTO in 1404 Moramont Red. John Frank Longs In EmmeLine Porter Mean Komen Mrs 230-30490 Charlie Hy LAVES 1989 Althourafed Burkel Spope Baller Com Balle Locks Funeral Home 13rd & Gallat AUS 18 1882

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	1.	FOR STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 2	2	0 5	5 0
		OR PRINT)  CEASED NAME  FIRST  SULL	IA A.	5	ONES	20 DATE OF DEATH	MONTH D	4-82	26. HOUR 3: 20 M
1	3. SE	PEMALE	BLACK	MONT 16	0 - 10 - 9 6	6 AGE (IN YEARS LAST BIR	YRS	IF UNDER ) YEAR ONTHS DAYS	HOURS MIN.
2	I	(LOUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIE	ED DIVORCED	BALTIMONE CITY O	E	City	MD.
10	B	ALTIMOCE AL RESIDENCE (IF NURSING HOME OR OT)	NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE  FEOSLAL HI	LL NO	LESING CTR	(TYPE OF WARK FOR MOST C		INDUS OF	BUSINESS OR
3	110.5	STATE 136 COUNTY	13c CITY OR TO		13d. INSIDE CITY LIMITS?  YES NO  15. MOTHER'S MAIDEN NA		HIS	t. 210	230
X		FRANK VAS DECEASED EVER IN U.S. ARME	CAR	TEL	FIRST NELLS	MIDDLE	cc	LAST	?
/		(15, NO OR UNKNOWN) (1F YES, GIVE W		5516					ACC.
		PART I. DEATH IEnter only of PART I. DEATH WAS CAUSED E MAMEDIATE Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause lost.	CAUSE (0) Chyguton DUE TO, OR AS A CONSEQU (b) Arterise DUE TO, OR AS A CONSEQU (c)	JENCE OF	Cormany Vanc		۸_د.		AATE INTERVAL MSET AND DEATH
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT COI Peucl dus Plix 190. Date of Operation	0 .	den	entico, Hypud	4 4 4	20b. IF YES,	WERE FINDING	GS USED
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	21c HOW INJURY OCCURE	10			
/	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE.	FARM ETC )	214 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22e I certify that (I) (this haspital) saw the deceased alive an obove, (I) (we) (did) (did not) v  22 SIGNATURE	19		, 19	MEDICAL STAI	te and haur		

HMH - 16 50M 1/81 (VRA 15, 4)

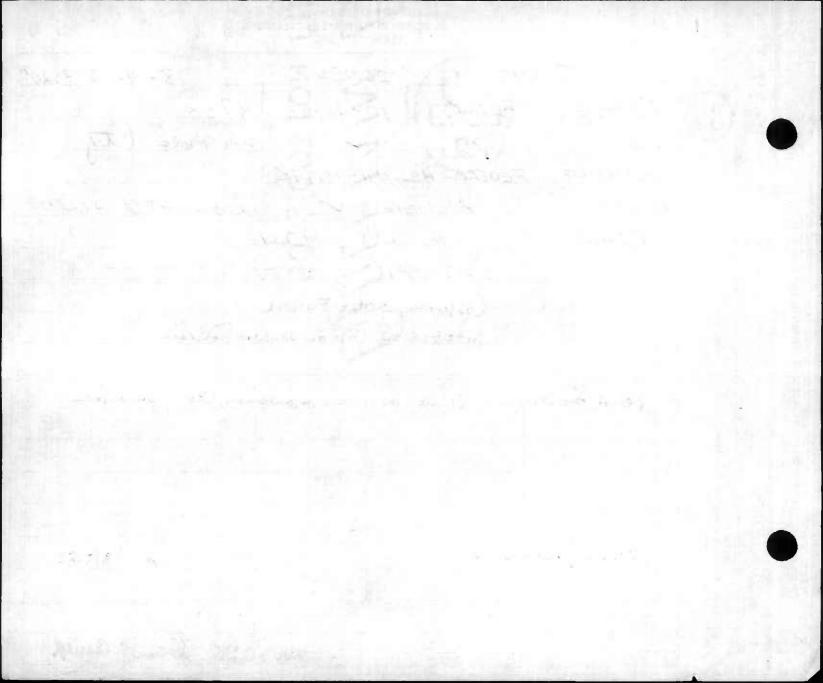
TO FUNERAL DIRECTOR, After hould be deteched for use or with the State Dept. of Health MPORTANT, If hem 21 is

230. BURIAL, CREMATION, REMOVAL 23b. DATE 8/9/82 Md William C. March Funeral Home Inc. 1101 E.Nort 106 1 0 1982 24. FUNERAL DIRECTOR

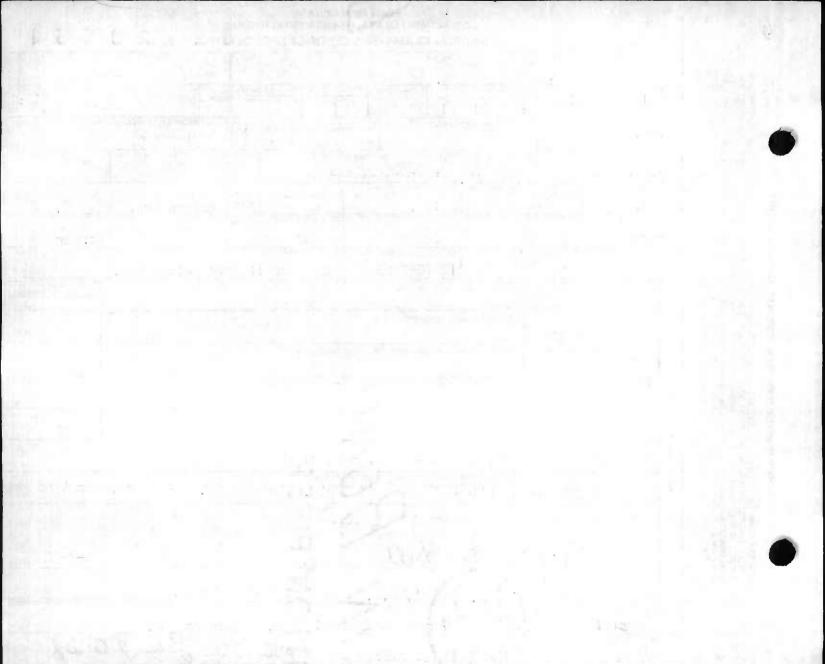
23c. NAME OF CEMETERY OR CREMATORY
Md Nat Mem Park

22e. ADDRESS

Laurel



STATE OF MARYLAND



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	TO HOSHITAL OR ATTENDING PHYSICIAN. The law require, that the death certificate be executed within 24 hours after death. Set Teamony be retained by the hospital or afterding physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funerior distression should be detached for use or the busish-transit permit. Then please remove carbonoppers longer and 2 should be filled within 72 contents with the State Dept. of Health and Mental Hygiene prior to busish, cremation, or removal.	
	1	NU	
		TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and completely filled in by the funes address polyhold be detached to use of the busial-status permit. Their please remove carbonadgers, Pages, and 2 should be filled within 72 accounts with the State Days of Health and Mental Hygiens prior to burial, cremation, or remayor.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical bankment must be good and the
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	TO HOSPITAL OR ATTENDING PHYSICIAN, The I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the busisl-trainit permit. Then please remove carbon-ages with the State Dept of Health and Mental Hygiene prior to busisl, cremation, or remayor.	3+

(VRA 15, 4)

- 1				STAT	TE OF MARYLAND					
- 1	1.	FOR STATE	DEP	ARTMENT OF	HEALTH AND MENTAL HY	GIENE (2)	20	= = 0		
- 1	1	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	20.	3 3 4		
- 1		CEASED NAME FIRST	MIDDLE	_	LAST		MONTH DAY YEAR	2b HOUR		
- 1	{ TYPE	E OR PRINT)					2 -2 0			
ŀ	3 SE	Mansf:	ield  4_race		ones					
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ı		Male	Negro	Sop	t. 19- 02	73	YRS.			
-		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH			
-5		Va.	71.S.A.	WIDOW		Baltimor	co City	440		
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME		12a USUAL OCCUPATI		O OF BUSINESS OR		
4	62	3	(IF NOT IN SUCH FACILITY, GIVES	STREET ADDRESS)		(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTE	RY		
-/-		altimode Alresidence (16 nursing home o	L Union Memor		pital	Laborer	s Ste	e/ Co:		
d	13a. S	STATE 13b COU	NTY 136 CITY OR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS				
9		Nde	132/	60.	YES NO	1300 E.h	2NVALES	et "		
	14. FA	ATHER'S NAME	MIDDLE LAST	10	15 MOTHER'S MAIDEN NA					
7	1	Toler	DUR	1001	M FIRST	WIDDLE	IT's	Ves		
7	16a V	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b SOCIAL	SECULITY NO.	17 INFORMANT	ADDRE	SS	A 6.2		
/ 1		YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)		1					
١,		ND	0/13-0	78429	MIPS, PLLNII	cectones 13	800 E. L.Z.NI	Vale St.		
- 1		18 CAUSE OF DEATH  Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b	, and Ic	1		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH		
- 1			TE CAUSE (a)	C.V.	H.			# 12 Dec		
- 1		4797	DUE TO, OR AS A CONSI	EQUENICE OF						
- 1		Canditians, if any, which	DUE TO, OR AS A CONS	2501/7	Huge	-tourem	40	ישו בי		
- 1		gave rise to immediate	(0)	000	1 1/0+	7767614	/	~.4		
- 1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	EQUENCE OF						
- 1			(c)							
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART	1(0)		
	110					•				
-	CA	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	201 IF YES, WERE FINE	DINGS USED		
4	#	300				YES NO	TIN CERTIFYING CAUS	NO NO		
コ	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR		Land .			
d	100	OR CONTRIBUTING CAUSE OF DE			14 1000			7		
1	MEDICAL	21d. INJURY OCCURRED		19	234 4 0 C 4 7 1 0 3 4					
- 1	ME		21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE		
- 1		WHILE AT WORK NOT WHILE								
- 1		220.1 certify that (I) this hosp			118 19 87			, that (I) (We) ast		
- 1		nbove (1) (yer did ) did no	830 if yew the bady after death.	19_22_, a	nd that in (my) (our) opinian	death accurred on the do	ate and haur and from th	he causes stated		
1		22h SIGNATURE	the budy tyler death.		DEGREE			TE SIGNED		
- 1		D ()	( ///	1	ATTENDING	_ MEDICAL _ STAF	F / - /	1-1/0		
$\dashv$	110	22d. PHYSICIAN'S NAME (TYPE	· / //		PHYSICIAN [	DIRECTOR PHYSIC	IAN 8	50/82		
		A /	DR PRINT)		22e ADDRESS	7.	1)	-		
		HU	EN		must.	Memural	(402D)			
1	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	- 1			
	{	SPECIFY BUSINE	9.4-02	Codois	Hill Control	CITY OR TOWN	11 DA COUNTY	STATE		
ŀ	24 FL	JNERAL DIRECTOR	11-7-82	Loudin	THE CORY	TE REC'D. BY REGISTRAR	11 1717.00	100"		
		1) DA	) & MI D ADDRI	ESS	1. 0	D 7 1000	25h GISTRAR'S SIGN	Calvell		
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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	PEG NO	2	0	5	5
	REG. NO.				

	(TYPE	CEASED NAME E OR PRINT)	FIRST	LEGNORE			IES	20. DATE OF DEA		82	YEAR	26. HOUR 10:03p		
H	3. SE.	EX 4 RACE			5. DATE C		6 AGE IN YEARS L	AST BIRTHDAY)		RIYEAR	IF UNDER	24 HR5		
	-	Female		White		Jan		69	YRS	MONTHS	DAYS	HOURS	MIN.	
-		IRTHPLACE   STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNT	TRY? 8	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUN		ATH			
>		aryland	90	U.S.	.A.	WIDOWE		BALTIT	BALTIMORE CITY					
3		TY OR TOWN OF DEATH	н [11				OR OTHER INSTITUTION OSPITAL	120 USUAL OCCI	MOST OF WORKING	LIFE) 12b	KIND O USTRY <b>duca</b>	tior	ESS OR	
5	130. 3	AL RESIDENCE (IF NURSING STATE Jaryland	Howa	1	13c CITY OR 1		13d. INSIDE CITY LIMITS? YES NO 🔯	13: STREET ADDI	d Colum	bia	Pike			
1	14. FA	ATHER'S NAME	44.0	DUE	LACT		15. MOTHER'S MAIDEN N							
U		Xavier		thingt	on Ga	arner	Mary	MIE	DLE	Mu	rphy			
9		VAS DECEASED EVER IN		D FORCES?	166 SOCIAL S	ECURITY NO.	17. INFORMANT	A	DDRE 3130	Eve	rore	en T	Tav	
ī		no	(IF TES, GIVE N	AR OR OATES	214/38	3/2440	Omar J. Jone	s III	Ellicot	t. C1:	tv W	m 21	10/3	
5	CERTIFICATION	Conditions, if ony, very gove rise to immediate to come to the course of	diate the last.	DUE TO, OR  (b)  DUE TO, OR  (c)  NDITIONS CO	R AS ACONSE		DQ CA [  b Myslon  NOT RELATED TO THE TER  N WAS PERFORMED	CMG  RMINAL DISEASE OR  200 AUTOPSYS  YES  NO	IN CERT	IVEN IN F	FINDIN	981 GS USE OF DEAN	TH?	
	IL CERT	210. ACCIDENT WAS UNDER		21b. TIME OF	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCU	Lugar.			PARI 2)	NO [		
	MEDICAL	21d INJURY OCCURRED		P.A 21e. PLACE C		19	211 LOCATION							
	WE	WHILE NOT WHILE			EET FACTORY, OFF	FICE FARM, ETC )	STREET	CITY	ORTOWN	COI	YINTY	9	STATE	
		270. I certify that (I) (the saw the deceased above, (I) (we) (did 27b. SICNA U.B.)	alive an () (did nat) v	8/8	1	9 <u>82</u> , an	d that in (my) (aur) apinio DEGREE ATTENDING PHYSICIAN	n death occurred on  MEDICAL DIRECTOR   PI	STAFF					
		John	Ma	nnisi		10	600 N.	Wolfe St	t. Bac	A M	Di	2120	)5	
	23a B	BURIAL, CREMATION, RE SPECIFY) Burial	MOVAL	236 DATE 8/11/8			emetery or crematory n's Cemetery	CHY OR TO		HO	ward	ı	ib'	
		JNERAL DIRECTOR  LACK Funera	1 Hom	e	el.	O. Box		ATE REC'D. BY REGIS		HARE	CA	JRE Well	7	

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has bee

to the contract of the same of end and the second of the seco A CONTROL OF THE CONT will atomnic the arth x yell decate the ammed the ende en de la company de la co The state of the second of the The state of the s

20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 2	2	0 3	5
	CEASED NAME FIRST	MIDI	DLE	į.	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
11111		MIET.		TOSE	PHSON	AUGUST	02 19	182	n7 · 5524
1. SE	X	4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	
	MALE	WHITE		MAY	f, 1908	74	YRS.	DATE	MIN.
95. B	IRTHPLACE (STATE OR FOREIGN COMMANY LAND	76 CITIZEN OF WH	HAT COUNTRY?		XX XIEVER MARRIED	9 BALTIMORE CITY			
10. C	ITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING ACILITY, GIVE STREET A		D DIVORCED ROTHER INSTITUTION	BALTIMO  12a USUAL OCCUPA  (IVPE OF WORK FOR MOST	TION	12b. KIND C	MD. OF BUSINESS OR
	LTIMORE	THE JOH	INS HOP		HOSPITAL	'HARDWARE'st	BUYER		ROOK MILI
13a. 3	AL RESIDENCE (IF NURSING HOME STATE 136 CO MARY LAND	UNIY 13	RESIDENCE BEFORE A BALTIMOR	1 (	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2703 JEN	NER DR	, APT	BER CO. B 21209
14 F	ATHER'S NAME FIRST HYMAN	MIDDLE	JOSE PHSO	N	15. MOTHER'S MAIDEN NA ANNA			JNKNS	SI
	WAS DECEASED EVER IN U.S. , YES NO UNKNOWN) (IF YES.	CINE WAR OR DATES	06 SOCIAL SECUR 213-01-3		17 INFORMANT M 2703 JENNER	MRS. HANNAH DR. APT	JOSEPI	HSON	ICC II
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line	e for (a), (b), and	(c).)				APPROX BETWEEN	XIMATE INTERVAL LONSET AND DEATH
		IATE CAUSE (a)	CARDI	40	ARREST			5500	241119
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last	(b)	S A CONSEQUE	PSIS NCE OF					AYS AYS
		(c)		ひはた					
Z	PART 2. OTHER SIGNIFICAN	ARKINSON			NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVE	EN IN PART 1	a,
CERTIFICATION	19a. DATE OF OPERATION			PERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDII	NGS USED S OF DEATH?
DICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M.	MONTH DAY	YEAR	21c. HOW INJURY OCCURE	- Bridge			
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF (AT HOME, STREET,	INJURY , FACTORY, OFFICE FAI	RM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did	spital) attended the d	deceased from	7/2	d that in (my) (our) opinion o	ta $\frac{x/2}{}$	date and hour		that (1) (we) last
	226. SIGNATURE	Vie	M	Ü	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
	DAVID PE	EARSE	are			HOPKINS	4	05 17	AL
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	AUG. 3	,1982 S	HAARE	METERY OR CREMATORY I ZION	23d. LOCATION CITY OR TOWN ROSEDAT	Б ВА	COUNTY	STATE MARYLANI
24 FI		L LEVINSON				E REC'D. BY REGISTRA	256. REGISTR	AR'S SIGNAT	TURE
	6010 REISTERS	STOWN RD.	BALTO.	, MD	21215 A	JG - 5 1982	100	moth	Cahrela

DHMH - 16 50M 1/81 (VRA 15, 4)

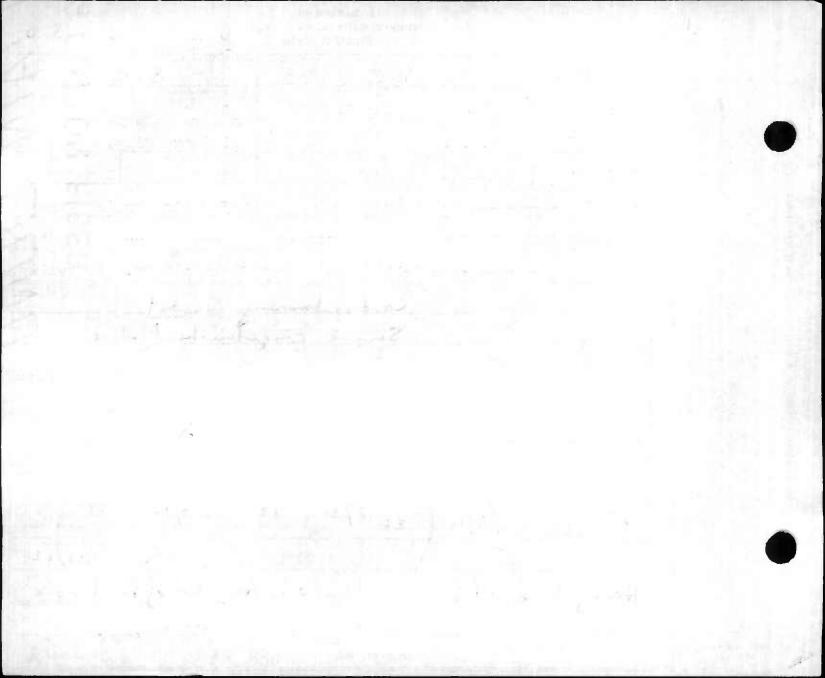
The second of th 

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion.

4	,	FOR STATE			DEPART		E OF MARYLAND IEALTH AND MENTAL HY	GIENE O	.,	2	0 5	5 6
		REGISTRAR CEASED NAME	FIRST		MIDDLE		ICATE OF DEATH	20. DATE C	REG. NO.	NTH DA	Y YEAR	26 HOUR
	(TYPE	OR PRINT)	arc	(		Juri	ciewicz -		2	8 2	8 87	(0450
	3. SE			RACE		5 DATE C		6 AGE (IN	YEARS LAST BIRTHDA	_	UNDER I YEAR	IF UNDER 24 HRS
8)		Female		Whit	ce	Aug		84	Ī	YRS.	DAYS DAYS	HOURS MIN.
24	7a. BI	RTHPLACE (STATE OR FO DUNTRY)  Poland			WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED X	37	ore city or c			M
The same		TY OR TOWN OF DEA Baltimore		(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREE CHAN HOS	( ADDRESS)	OR OTHER INSTITUTION		OCCUPATION RK FOR MOST OF WO		126. KIND (INDUSTRY) Laun	of Business o
3	130 5	AL RESIDENCE (IF NURSI STATE aryland	NG HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	VN	134 INSIDE CITY LIMITS?	13€ STREET La∯a	ADDRESS yette	Nur	sing	Home
00	14. FA	THER'S NAME Anthony	Jui	kiewic	LAST Z		15 MOTHER'S MAIDEN N FIRST Frances	IAME _	MIDDLE		LA	AST
	160 V	VAS DECEASED EVER I (ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	166 SOCIAL SECTION 219-54-		Mario Sam	a Sher	ADDRESS cadale	Dr.	King	sville
, or officer Irou		Conditions, if any, gave rise to imm couse (a), stoting underlying cause	ediate the last	(c)_	R AS A CONSEOU		NOT RELATED TO THE TER	PAINAI DISEA	SE OR CONDIT	ION GIVE	IN PART 1	(0
ws ony injury	CERTIFICATION	190 DATE OF OPERAT					N WAS PERFORMED	200 AUT	OPSY? 20	Ob. IF YES,	WERE FIND I	
Sw 18 sho		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	NIN -	DF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCU					NO L
orked or It	MEDICAL	21d. INJURY OCCURR WHILE NOT WHAT WORK	ED	210 PLACE	OF INJURY REET, FACTORY, OFFICE,		211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
a 21 is ma		220.1 certify that (1) sow the decease above (1) (we) (d	d alive an		121 119	まし,0	nd that in (my) (our) opinia	to in death accurr	8/2 ed on the date		and from the	, that (I) (we) to e causes stated
TZ = +		226. SIGNATURE		At	1.1		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	X	22c. DATE 8/2	SIGNED 8/82
MPORTANT		22d PHYSICIAN'S NA	1.	Sace V	ću	7	Luthins	Hoix	intel o	(13	alt.	none
5	230 E	BURIAL, CREMATION, F SPECIFY) Buria		23b. DATE Sept			CEMETERY OR CREMATORY	CITY	ORTOWN		YINUO	STATE
4	24 FU	JNERAL DIRECTOR		Homes !	1, 82 I	7110 Be			REGISTRAR 256		Md AR'S SIGNA	TURE

Baltimore, Md.

DHMH - 16 50M 1/76 (VR A 15 (4))



5	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 8 2 REG. NO.	20557
-		OR PRINT) Selma	MIDDLE	Kanner	20. DATE OF DEATH MOT	29 82 1125 P
(A	3. SE		4 RACE CAUCASIAN	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONIHS DAYS HOURS MIN.
\$15		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED XXX DIVORCED	9. BALTIMORE CITY OR C	C4
37	)0. C	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SOCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126. KIND OF BUSINESS O
35	13a. S	AL RESIDENCE (IF NURSING HOME OR	130 CITY OR TOW	EADMISSION) (N 13d, INSIDE CITY LIMITS?  VES V NO	130. STREET ADDRESS	APT. 216
30	14. FA	THER'S NAME FIRST FIRST FIRST	MIDDLE Waski	15. MOTHER'S MAIDEN NA Therese	WE	Feinberg
medicol	15	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECL E WAR OR DATES)	JRITY NO. 17 INFORMANT	MRS. SOLTS TO	DLLIN ILLANOVA, PA 19085
prior to buriol, cremotion, ony injury, or other froum:	ATION	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT COURT OF COURT O		lial interction		ON GIVEN IN PART 110
0	CERTIFICATION	NA 21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		YES NOW	YES NO NO
Item 18 sh		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		sow the deceased alive on	tol) offended the deceased from 19 5	Au 29 , 19 62 2 , and that in (my) (our) opinion	death occurred on the date	ond hour and from the couses stated
Stote Dept.		The Die	<b>D</b>	MO. ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 82
with the Stote		Donald	M. Lai	220 ADDRESS Meycy	Hospital	
, ≤		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	AUG.31,1982	NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO	BALTIMORE	COUNTY MARYLAND
N 4/B2	24. F	UNERAL DIRECTOR SOL 6010 REISTERST	LEVINSONE BROS. OWN RD. BALTO.	, INC. , MD 21215	EP 1 1982	REGISTRAR'S SIGNATURE

9 1 2 2 2 3	I TOWN		
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		Tet La	
		a sentent	

1	-	FOR STATE REGISTRA
D	EC	EASED NA

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

. 3	6	13	5	3100
2	6	U	3	2
GAMB.	0.00	-		-

					REG. N		
	CEASED NAME FIRST		IDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	MIRIA			KAPLAN	AUGUST 2	, 1982	10:40
3 SE		4 RACE		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAY	
7 0	FEMALE	WHITE		DEC. 25,1910 YEAR		YRS.	
/a. Bi	COUNTRY)		VHAT COUNTRY?	MARRIED X NEVER MARRIED		R COUNTY OF DEATH	
10.6	NEW YORK	USA		WIDOWED DIVORCED			/
I	ITY OR TOWN OF DEATH  BALTIMORE	JOH	NS HOPKI	INS HOSPITAL	HOUSEWIFE		OF BUSINESS (
13a S	AL RESIDENCE (IF NURSING HOW OR STATE NEW YORK		SIVE RESIDENCE BEFORE A 134 CHY OR TOWN NEWYORK		345 W. 58t	h St.	
14. FA	ATHER'S NAME HYMAN	MIDDLE	DEITCHMA	N REBE		UNKNO	ŴN
16a V	VAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES	019-10-43		MEM. CHAPEL		/0023 St. NY
	18 CAUSE OF DEATH (Enter on	y one couse per l	ine for (o), (b) and	(c)	L	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEAT
	PART I. DEATH WAS CAUSEI	E CAUSE (o)	(0	udice an	ell_	me	nute!
	1621	DUE TO, OR	AS A CONSEQUE	ICE OF		101	. 11.
	Conditions, if only, which gove rise to immediate	(b)		chs Cane	er	7710	11/4/
	gove rise to immediate couse 10, stating the underlying cause lost.	(c)	AS A CONSEQUEN	andrac fue	ngdach	100	lag
NO	gove rise to immediate couse (o), stating the	(c)	AS A CONSEQUEN	andrac fue	ngonah Terminal disease or con	DITION GIVEN IN PART	lag
TIFICATION	gove rise to immediate couse 10, stating the underlying cause lost.	ONDITIONS CO	AS A CONSEQUEN	andrac fue	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	DINGS USED
CERTIFICATION	gove rise to immediate couse los stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	ONDITIONS CO	AS A CONSEQUENTRIBUTING TO DE	ACE OF ACE		206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
	gove rise to immediate couse to, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ONDITIONS CO	AS A CONSEQUEN  NTRIBUTING TO DE  TON FOR WHICH C  INJURY  A. MONTH DAY	ATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  YEAR  21c HOW INJURY OF	200 AUTOPSY? YES □ NO 🛣	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
	gove rise to immediate couse los stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b CONDIT	AS A CONSEQUENTRIBUTING TO DE  TON FOR WHICH CO  TOURY  A. MONTH DAY  A. SE INJURY	ATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  YEAR  19  216 HOW INJURY OF	200 AUTOPSY?  YES NO X  CURRED (ENTER NATURE OF INJUI	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to immediate couse to isating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  119a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAL LIFE LITHER, NOTIFY MEDICAL EXAMINER.	19b CONDIT	AS A CONSEQUEN  NTRIBUTING TO DE  ION FOR WHICH C  INJURY  A. MONTH DAY	ATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  YEAR  19  216 HOW INJURY OF	200 AUTOPSY? YES □ NO 🛣	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO []
	gove rise to immediate couse 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	19b CONDIT  19b CONDIT  17b TIME OF HOUR AA PA  21e PLACE C (AT HOME, STRE	AS A CONSEQUENTRIBUTING TO DE  ION FOR WHICH C  INJURY A. MONTH DAY A.  JE INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY	ATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  YEAR  19  216 HOW INJURY OF	200 AUTOPSY?  YES NO X  CURRED (ENTER NATURE OF INJUI	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO []
	gove rise to immediate couse 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  119a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE OT WHILE ALWORK NOTIFY MEDICAL EXAMINER)  27a.1 certify the (I) this hospit sow the deceased alive on.	ONDITIONS CO  196 CONDIT  216 TIME OF HOUR A.M P.M  21e PLACE C (AT HOME STRE	AS A CONSEQUEN  NTRIBUTING TO DE  TON FOR WHICH CO  TINJURY  A. MONTH DAY  A.  JE INJURY  TET, FACTORY OFFICE, FAR  deceosed from	ATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  21c HOW INJURY OC  YEAR  19  21f. LOCATION STREET	200 AUTOPSY?  YES NO X  CURRED (ENTER NATURE OF INJUI	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES TO THE TENTE TO THE TEN	DINGS USED ES OF DEATH? NO
	gove rise to immediate couse io, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  AT WORK NOT WHITE AT WORK  22a.1 certify the (I) This hospit	ONDITIONS CO  196 CONDIT  216 TIME OF HOUR A.M P.M  21e PLACE C (AT HOME STRE	AS A CONSEQUEN  NTRIBUTING TO DE  TON FOR WHICH CO  TINJURY  A. MONTH DAY  A.  JE INJURY  TET, FACTORY OFFICE, FAR  deceosed from	ATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  YEAR  21c HOW INJURY OC  YEAR  19  Ind that in (my) (our) opi	200 AUTOPSY?  YES NO M  CURRED (ENTER NATURE OF INJUIL  CITY OR TO  To Automation death occurred on the do	TOB. IF YES, WERE FIND IN CERTIFYING CAUSE YES  TRY IN ITEM 18 PART 1 OR PART 2) WN COUNTY  19  ate and hour and from the	DINGS USED ES OF DEATH? NO   STATE
	gove rise to immediate couse to, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE ALWORK ALWORK  22a.1 certify the (I) this hospit sow the deceased clive on obove, (I) (we) (did) (did not 12b. SIGNATURE)	ONDITIONS CO  196 CONDIT  216 TIME OF HOUR A.M P.M  21e PLACE C (AT HOME STRE	AS A CONSEQUEN  NTRIBUTING TO DE  TON FOR WHICH CO  TINJURY  A. MONTH DAY  A.  JE INJURY  TET, FACTORY OFFICE, FAR  deceosed from	ATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  YEAR  19  216. HOW INJURY OC  IMPRILED  19  10  11  11  11  11  11  11  11  11	200 AUTOPSY?  YES NO M  CURRED (ENTER NATURE OF INJUIL  CITY OR TO  To Autority of the decoursed on the decourse of	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES   RY IN ITEM 18 PART I OR PART 2)  WN COUNTY  ate and hour and from the	DINGS USED ES OF DEATH? NO   STATE
MEDICAL	gove rise to immediate couse lost to immediate couse lost to string the underlying cause lost.  PART 2 OTHER SIGNIFICANT C  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify the (I) this hospit sow the deceased olive on obove, (I) (we) (did) (Jid) and obove, (I) (we) (did) (Jid) and	ONDITIONS CO  19b CONDIT  21b TIME OF HOUR A.M. P.M. 21e PLACE C (AT HOME STRE)  oil guended the view the body of	AS A CONSEQUEN  NTRIBUTING TO DE  TON FOR WHICH CO  TINJURY  A. MONTH DAY  A.  JE INJURY  TET, FACTORY OFFICE, FAR  deceosed from	ATH BUT NOT RELATED TO THE  OPERATION WAS PERFORMED  216 HOW INJURY OC STREET  216 LOCATION STREET  19  DEGREE  ATTENDIN	200 AUTOPSY?  YES NO M  CURRED (ENTER NATURE OF INJUIL  CITY OR TO  To Autority of the decoursed on the decourse of	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES   RY IN ITEM 18 PART I OR PART 2)  WN COUNTY  ate and hour and from the	DINGS USED ES OF DEATH? NO   STATE

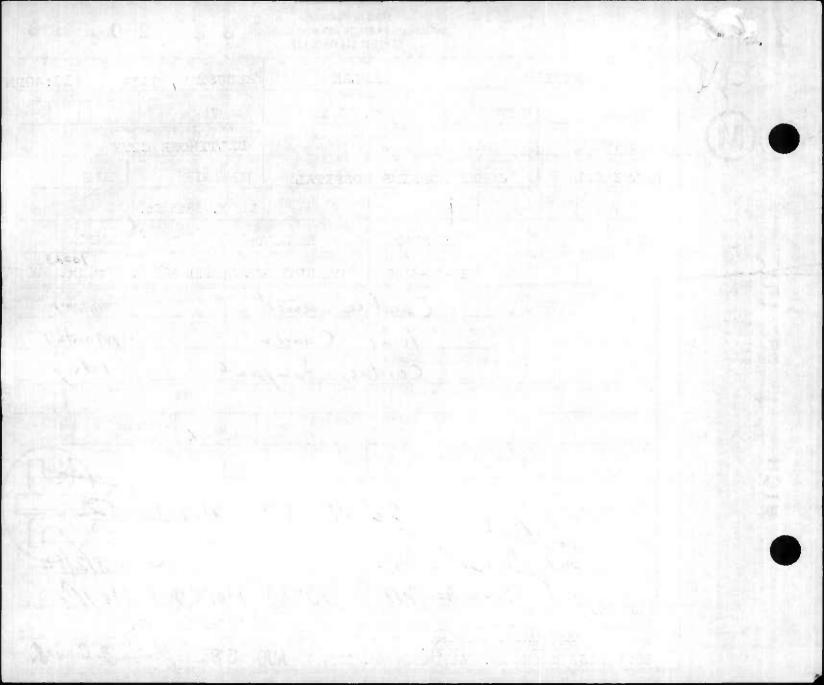
DHMH - 16 50M 1/81 (VRA 15, 4)

IU FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cro

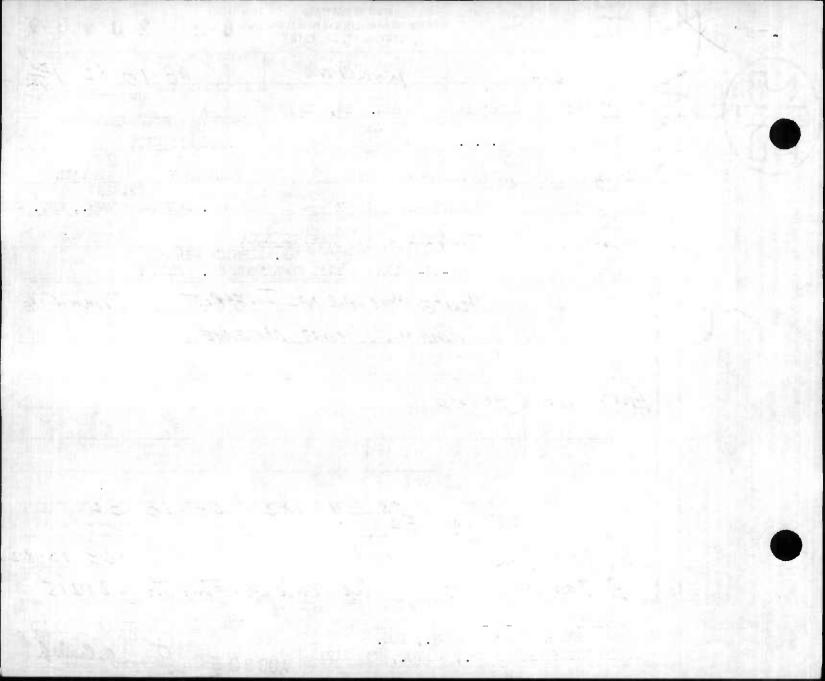
ottending physicion

retained by the hospital

BP.



1	1	FOR	D.F.		E OF MARYLAND TEALTH AND MENTAL	HACIENE 4,7 C.	0 0	, a 60 O
*		- STATE REGISTRAR			ICATE OF DEATH	REG. N	40.	2 2 4
		CEASED NAME FIRST	MIDDLE	1	O3 , Al	20 DATE OF DEATH		AR 2b. HOUR
2	3 SE	CELI	A RACE	KA	RUN	6		32 /30 M
1)	1 25	Female	CAUCASIAN	DEC		6 AGE (IN YEARS LAST B		YEAR IF UNDER HAS
24		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	Н
1		RUSSIA	U.S.A.	WIDOW	ED NORCED	☐ BALTIMO		MD
90	Y -	ALTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV LEVINDALE	E STREET ADDRESS]		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST SALESLA	OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
35	130.	AL RESIDENCE (IF NURSING HOME STATE 13b CO RYLAND		RTOWN	13d INSIDE CITY LIMIT	S? 113e STREET ADDRESS	#2121	
sho.		ATHER'S NAME			15 MOTHER'S MAIDEN		ELVEDERE A	VL., AFI.
	1	BENJAMIN	CHANON	VITZ	KKX RI	EBECCA	U	NKNOWN
dicol 7		WAS DECEASED EVER IN U.S.		L SECURITY NO.		S. BERNICE MT		
me /		NO NO OR UNKNOWN)		24-4813A			#21209	
vent, the		PART I. DEATH WAS CAU	only one couse per line for (a), SED BY: ATE CAUSE (a)	(b), and ici	CARDIAL	INFARCT		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
afice		4100	DUE TO, OR AS A CON	ISEQUENCE OF		,		
E O O O		Conditions, if ony, which	(b) 15/	1PMIL	henret	CLISEASE		
r other tr		gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF				
injury. a	NO	PART OTHER SIGNIFICAN	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR COM	NDITION GIVEN IN PA	RT I(o)
Aud Smo	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH? NO [
18 54		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PA	RT 2)
Head	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN	rolli	19				
rkedor	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY)	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUN	TY STATE
om si 19		sow the deceased alive of	pital) attended the deceased	0	nd that in (my) (our) opi	nion death accurred on the c	date and hour and from	that (I) (we) lost the couses stated
If Item		22b. SiGNA (RE	not) view the body after death.		DEGREE		22€. □	DATE SIGNED
Ž-		77d PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIA 22 ADDRESS		CIAN	8-10-8
MPORTAN		B- ZAW	Win, MI)		CeronDal	e Cenatra	ch - 2	1215
	230.	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATO	CITY OR TOWN	COUNTY	STATE
-	21 5	BURIAL	8-19-82	FORB		ROSEDALE	BALTIMO	
B1	24. F	UNERAL DIRECTOR SOL I	ERSTOWN RD., B	ALTO, M		DATE REC'D. BY REGISTRAL	225b REGISTRAR'S SIG	Camely
						MOR A O HOC	0	



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completely filled in by the

attending physicia

should be detached for use as the burial-transit permit. Then please remove carbandopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRA	i.R			CERTI	ICAIL OI DEATH		REG. NO.		
1 DECEASED NA	ME FIRS		MIDDLE	i	AST .	20 DATE OF	F DEATH MONTH	DAY YEAR	25 HOUR
(THE OR PRINT)	Al	VNA		E.	KARMANN	Augu	ist 12, 198	32	M
3.5EX		4 RACE		5. DATE C		6 AGE INY	EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
Female		White		June	25, 1895	87	YRS.	MONTHS DATS	MOURS MIN.
BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY	(? 8	NEVER MARRIED	9 BALTIMO	RE CITY OR COUNTY	OF DEATH	
Marylan	d	U.S	.A.	WIDOWE	D DIVORCED	Balti	imore city,	,	MD
O. CITY OR TOW		11. NAME OF	F HOSPITAL, NURS	ING HOME C	R OTHER INSTITUTION		OCCUPATION K FOR MOST OF WORKING LIF	12b. KIND	OF BUSINESS OR
Baltimo		Union	Memorial	Hospit	tal	Secre	k for most of working life etary-Balt	to. Cou	intry Clu
30. STATE	13b. C	ME OR OTHER INSTITUTIO OUNTY	13c. CITY OR TO Baltimos	WN	13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS Deepdene Ro	d .	
Marylan LEATHER'S NA			par crino.		15. MOTHER'S MAIDEN N		roopuono no		
John.		WIDDLE	Karman		Anna		Webe	e <b>r</b>	AST
WAS DECEA		S. ARMED FORCES?	166 SOCIAL SEC	CURITY NO.	17. INFORMANT		ADDRESS		
No			212-10-	7458	Miss Nina M	. Heck	Same as	# 13e	
18 CAUSE	OF DEATH (Ent	er only one couse p	er line lor (a), (b), a	and (c)	A			BETWEEN	XIMATE INTERVAL
NO L		NT CONDITIONS			NOT RELATED TO THE TER	200 AUTO	DPSY? 206. IF YES	S, WERE FIND YING CAUSE	
21a. ACCIDE	NT WAS UNDERLYIN		OF INJURY		21c. HOW INJURY OCCU			S OPPART 2)	NO []
00.000,000	UTING CAUSE O	OF UEATH	A.M. MONTH P.M.	DAY YEAR					
~	Y OCCURRED	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
AT WORK	NOT WHILE AT WORK	)				-		3	- need-
sow t	he deceased aliv	e on 3 - 10	19	21	d that in (my) (our) apinio	, 10	d on the date and hou		, that (I) (we) lost e causes stated
226 SIGN		(1) ell	200 d (O)	)	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF		SIGNED
22d. PHYSI	CIAN'S NAME (	TYPE OR PRINT)			22e ADDRESS	- CINCLON	_ ATTOTEMATE		
Hui	nter E.	Wilson,			101 W. Ree			2	
23a BURIAL CRE	MATION REMO	VAL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCA		COUNTY	ATATE
(SPECIFY)Bu.	rial	Aug.	16,1982	Druid	Ridge	Ba1	timore	COUNTY	Mary lähd

TO FUNERAL DIRECTOR: After this certificate has been ITO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.

ADDRESS Baltimore, Md.

Baltimore

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250 DATE REC'D. BY REGISTRAR IN REGISTRAR'S SIGNATURE AUG 1 3 1982

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3 [1	- STATE REGISTRAR		HEALTH AND MENTAL HYC IFICATE OF DEATH	REG. NO.	0501
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth	MARY	A. KAS		AUGUST 8,	1982 6:55A.M
3. 5	SEX		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
	FEMALE	CAUCASIAN 12	18 1895	86 YRS	
35	BIRTHPLACE (STATE OR FOREIGN MARYLAND	USA		BALTIMORE CITY OR COUN	
35	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) CHURCH HOME HOSP	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	LIFE) 126 KIND OF BUSINESS OR INDUSTRY
#27 13c	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COL		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 722 N. COLL	INGTON AVE.
- OC"	ANDREW	SADILEK SADILEK	15. MOTHER'S MAIDEN NA TINIE	ME	MARUOSEK
medico 160	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	17 INFORMANT	ADDRESS	
me _	(YES NO UNKNOWN) (IF YES, C	217017487	MILDRED P.	ARADISE 2370	HAMILTOWNE CI
or other troumotic	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) DEHYDRATION  DUE TO, OR AS A CONSEQUENCE OF  (c) DIVERTICULOS			
y injury,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BL			
8 shorts ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
			R	RED (ENTER NATURE OF INJURY IN ITEM II	B PART 1 OR PART 2)
rked or frem	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo	22a.1 certify that (1) this has	n AUGUST 8 19 82	ond that in (my (our) opinion	to AUGUST 8 death accurred on the date and h	, 19_82, that () (we flost our and from the causes stated
ote Dept.	22b SIGNATURE	- Ruhar My	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	AUGUST 8,1982
with the Sto	22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS CHURCH	H HOSPITAL CORPO	ORATION, 100 N.
230	BURIAL, CREMATION, REMOVA		CEMETERY OR CREMATORY REDEEMER	23d LOCATION CITY OF TOWN BALTO	COUNTY STATE
OM 1/81 5, 4)	TUNERAL DIRECTOR COZ	I Will Cherry		FREC D BY REGISTRAR 256 NEGI 5 0 9 1982	

STATE OF MARYLAND

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SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD

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REGISTRAR

24 FUNERAL DIRECTOR

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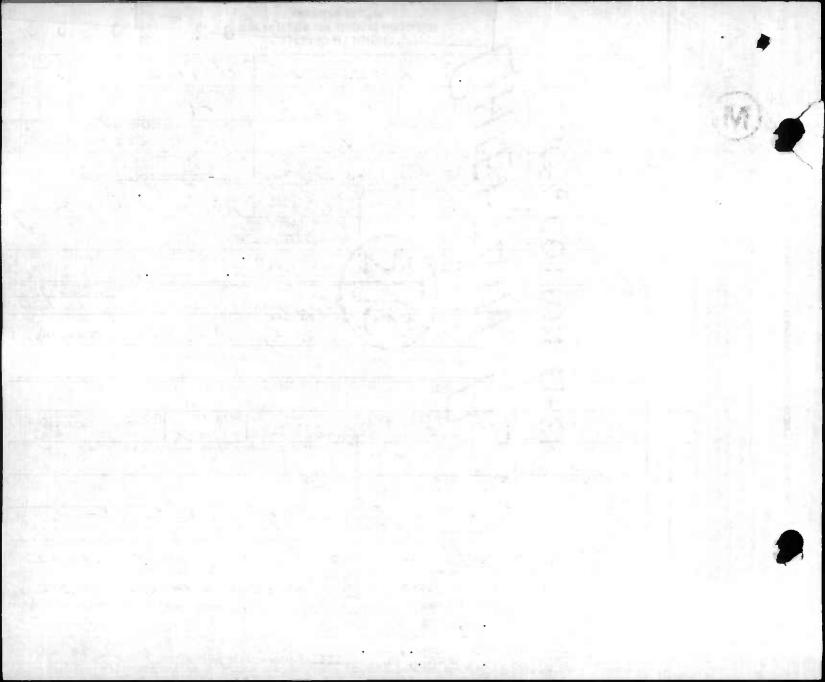
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21215

REG. NO.



shauld be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate hos been

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

(TYPE	CEASED NAME FIRST E OR PRINT)		WIDDLE	AUFM	PAN	20. DATE OF DEATH	8 / S	20/82	3:3
3. SE	MALE	4. RACE CAL	JCASIAN	5. DATE O	DF BIRTH 21 YEAR NOTE OF THE PROPERTY OF THE P	6 AGE (IN YEARS LAST BE	YRS		HOURS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  NEW YORK	US		MARRIE		BALTIMORE CITY OF	RE	CITY	
	BALTIMORE	SI NAI	HOSPITA	PL 0	F BALTO.	120 EXECUTIVI XXXXXXXXXXX			F BUSIN
13a. S	AL RESIDENCE (IF NURSING HOM STATE 13b. CC		130 CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS		. 507	#2
14. FA	ATHER'S NAME FIRST  MAX	WIDDIE	KAUFM	IAN	15 MOTHER'S MAIDEN NA/ YETTA	WE		UNKNOWN	J.
16a. V	WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC		17. INFORMANT MR 6210 PARK H	S. JUDITH ON		AN A LTO, MD	PT. 21
	PART I. DEATH WAS CAI  443  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, (b)_	OR AS A CONSEO	UENCE OF	DOMINAL ADI		Kysa	2	
ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	DUE TO, (b)  DUE TO, (c)  LT CONDITIONS O	CARDIOS  OR AS A CONSEO  RUPTUR  OR AS A CONSEO  CON DI  CONTRIBUTING TO	PULMO DUENCE OF DUENCE OF DEATH BUT	DIS CASC	RTIC ANEU	IDITION G	IVEN IN PART 11	
ERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, (b)_ DUE TO, (c)_ DUE TO, (c)_ IT CONDITIONS (C)  19b. CONI	CARDIOE  OR AS A CONSEO  CONTRIBUTING TO  DITION FOR WHICE  CARDIOE  CONTRIBUTION FOR WHICE  CONTRIBUTION	PULMO DUENCE OF DUENCE OF DEATH BUT	DIS CASC  NOT RELATED TO THE TERM  N WAS PERFORMED	INAL DISEASE OR CON  20a AUTOPSY?  YES \( \) NO	20b. IF Y	ES, WERE FINDING CAUSES	VGS USE
AEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM.)  21d. INJURY OCCURRED	DUE TO, (b)_ DUE TO, (c)_ IT CONDITIONS (C)  19b. CONI  19b. CONI  19b. CONI  19b. CONI  21b. TIME HOUR A  11c. PLACE	CARDIOE  OR AS A CONSEO  CONTRIBUTING TO  DITION FOR WHICE  OF INJURY  A.M. MONTH  P.M.  OF INJURY	DUENCE OF AGO DEATH BUT THE OPERATION DAY YEAR 19	DIS CASC	INAL DISEASE OR CON  20a AUTOPSY?  YES \( \) NO	20b. IF Y IN CERT	ES, WERE FINDING CAUSES	NGS USE OF DEA
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  8 15 72  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE ALL WORK  22a.1 certify that (1) (this had	DUE TO, (b)_ DUE TO, (c)_ TO CONDITIONS (C)_  19b. CONI  19b. CONI  21b. TIME HOUR A NER)  21e PLACE (AT HOME S	CARDIOGORAS A CONSEO CONTRIBUTING TO ONTRIBUTING TO OF INJURY A.M. MONTH P.M. OF INJURY TREET, FACTORY, OFFICE	DUENCE OF DEATH BUT  TH OPERATIO  DAY YEAR  19  E, FARM, ETC.	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION  STREET	INAL DISEASE OR CON  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURE  CITY OR TO	20b. IF Y IN CERT	ES, WERE FINDING CAUSES (YES )  PART 1 OR PART 2)  COUNTY	NGS USE OF DEA NO [
	Conditions, if ony, which gove rise to immediate couse for starting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXAM. 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM.  21d. INJURY OCCURRED  AT WORK NOTIFY MEDICAL EXAM.	DUE TO, (b) DUE TO, (c) DUE TO	CARDIO  CONSECUTOR  CONTRIBUTING TO  CONTRIBUTING  CONTRIBUTING TO  CONTRIBUTING  CONTRIBUTING TO  C	DUENCE OF AGUENCE OF ACUENCE OF A	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  211. LOCATION	INAL DISEASE OR CON  200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred on the	20b. IF Y IN CERT IN CERT IN THE ALL IN THE	ES, WERE FINDING CAUSES (YES )  PART 1 OR PART 2)  COUNTY	NGS USE OF DEA NO [ that (I) {

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STATE OF MARYLAND

2728P; DHMH-1650M1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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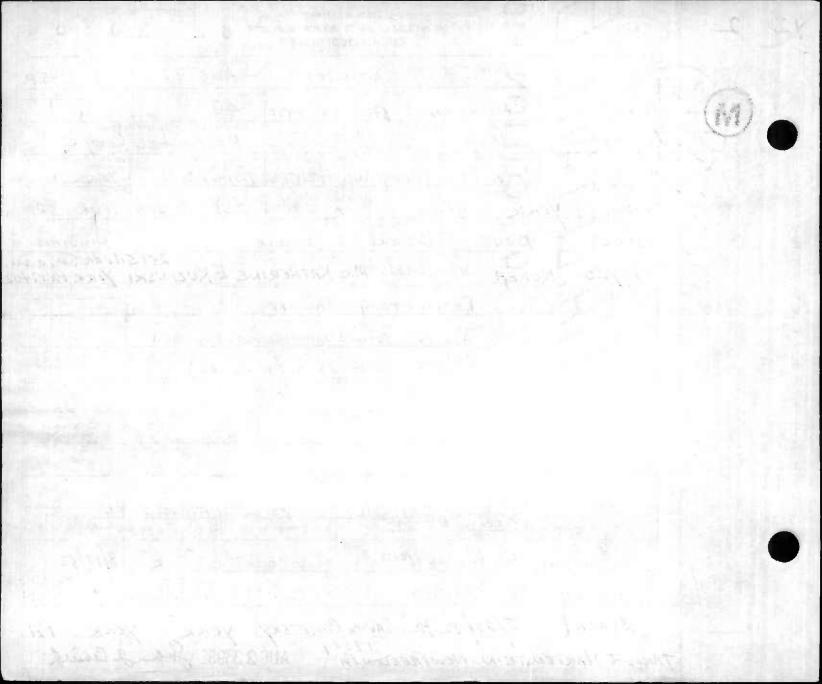
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		FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 Z	2056
	(TYP)	CEASED NAME FIRST	MIDDLE T.	KAZINSKI	20. DATE OF DEATH MONTH	1982 1345
	1.5E	MALE	CAUCASIAN	S. DATE OF BIRTH:  MONTH DAY  PAUG 19 1932	6 AGE (INYEARS LAST BIRTHDAY) 49 YRS.	IF UNDER 1 YEAR IF UNDER 2
19	)	UNIRY) USA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	0
	70	PALTIMORE	UNIV. OF	PARYLAND HOSPITAL	128 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING MANAGER	126. KIND OF BUSINES INDUSTRY DANSKIN
dysnu 5	130.			VN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS. 257 SILVE	n Spur D
167		JOHN		ZINSKI JULI	A	KILLIA
3	1	YES, NO DE UNKNOWN) (IF YES, GIVE	WAR OR DATES)  OREA  166. SOCIAL SEC  206-26		INE E. KUZINS	SILVER SPU KI YORK PA.
rinjury, or ather traumo	NON	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) A CULTE  DUE TO, OR AS A CONSEQUENCE (c) SEPS LS  DIVIDITIONS CONTRIBUTING TO	ENCE OF A STATE OF THE PROCESSION OF THE PROCESS	-UNGAL)	IVEN IN PART 1ra
1	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH 'ES \( \) NO \( \)
2	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN 11EM 18	PART   OR PART 2}
arked o	WE	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC ) STREET	CITY OR TOWN	COUNTY STA
m 21 h m		abave, (1) (we) (did) (did nat)	17 august 19	82 and that in (my) (aur) opinion o	death accurred on the date and ho	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22b. SIGNATURE  Services  22d. PHYSICIAN'S NAME (TYPEOR	B. Kenta,	MD DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	8/17/82
MPORTAN		TENNEY	B. KENTRO	BCRC/UM	70.00	cene St. Bala
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIA	23b. DATE 20/82 He	NAME OF CEMETERY OR CREMATORY OF SAVIOR CEMETER	23d. LOCATION CITY OR TOWN YORK	YORK F
1/B1		AMES T. HARTEN	ADDRESS		EREC'D. BY REGISTRAR PREGIS G 2 3 1982	TRAR'S SIGNATURE



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ope 3		CEASED NAME FIRST MAT	MIDDLE MIDDLE		KEA TON	20 DATE OF DEATH	8 20	82	26. HOUR	2 M
/ CAD /		Female	Black		MONTH DAY O4	-79 V7	S VRS.	ONNE BAIS	HOURS MA	
) 4/2	Soi	RTHPLACE (STATE OR FOREIGN )	76 CITIZEN OF WHAT CO		MARRIED NEVER MARRIED NOT DIVORCED	Baltimore city o	RCOUNTY	of DEATH	N.	MD.
1132	15	alsmore	Provident h	OSP T		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O			F BUSINESS	OR
33	130 5	AL RESIDENCE (IF NURSING HOME O STATE Md.	ROTHER INSTITUTION, GIVE RESID NTY 134 CITY	ence before all	YES NO [	5007 Liber	ty Hei	ghts A	ve.	
300	11	Newton	WIDDLE	Ceat	oh Magholid	MIDDLE	K	adis	2h	
be even	16a V	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC	CIAL SECURI	Gladys Keator					
death certificate the strength of the strength		57/5 Conditions, if ony, which	ED DV	dis,	vegetating An	nest		BETWEEN C	DISET AND DEA	
that the c d by the c lease remo inf. crema		gave rise to immediate cause (a), stating the "underlying cause last	(c)	ONSEOVEN	ous of the	~		8	ens	
en tigne or to bur y injury,	NOIL	Diolad	35 Me	lliter	<u>ath</u> but not relâ <b>l</b> ed to the termi <b>&gt;</b>					
The low con.	CERTIFICATION	190 DATE OF OPERATION			PERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES			
SECIAN.  og physical contribution control thy from 18 s	ST551	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO		19	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PA	RT   OR PART 2)		
athendor the this ord M	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR (AT HOME, STREET, FACTO		M. ETC.) 21f. LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE	
TTENDS print or TOR A for user of Healt		220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	8/26/82	19	, and that in (my) (aur) opinion o	death accurred on the de			tho (1) (we) l	
AL OR A r the hear of DIREC defectived of I bear of I bear		22b. SIGNATURE	un	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	S/E	SIGNED PL	
O HOSPITAL TO FUNERA Thould be de		22d. PHYSICIAN'S NAME (TYPE	DR PRINT)		22e ADDRESS	ent h	ngr	01		
BP	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY)	9/1/82		ME OF CEMETERY OR CREMATORY G MEM PK.	BACTON,	MD.	COUNTY	STATE	
DHMH - 16 60M 1/75 (VR A 15 (4))	24. FU	INERAL DIRECTOR OF STANK	esett FH	DORES 6	to Telenty	G 30 1982	2 6. LEGISTE	ar's light	URE	

Matheway Committee of the Management of the Mana

	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2	0 5	5 6
			rine Gertrude	K	eck	20. DATE OF DEATH	1	YEAR	26 HOUR
		KATHER		ECK		-10.0	- L	IN IDED I VE ID	2:35 M
6	3. SE		4. RACE	5. DATE C	DAY XFAR	6 AGE (IN YEARS LAST BIR	MO	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
W.	400	emale  IRTHPLACE (STATE OR FOREIGN	Caucasian  7b. CITIZEN OF WHAT COUNTRY?	Feb	. 10, 1095	9. BALTIMORE CITY C	YRS.	EDEATH	
16	Page	ennsylvania	U.S.A.	MARRIE	D NEVER MARRIED	Baltimor			AAD
4	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET St. Agnes Hos	NG HOME C	PR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Housewlf	ION OF WORKING LIFE)		F BUSINESS OR
35	130.	STATE N. COUI	rother institution, give residence befor NTY 13c. CITY OR TOW Catons V	/N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 520 Kent	Ave.	2122	8
3	_	ohn P	MIDDLE Hayes		15. MOTHER'S MAIDEN NA/	Jane		Logi	ue
2		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI			Betty Pfaf	f Same	as #:		MATÉ INTERVAL DNSET AND DÉATH
injury, or other from	NOI	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (CAUSE)	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART Ita	11
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		20a AUTOPSY?	IN CERTIFYII YES		
9	6000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE I	FARM, ETC }	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
21.00		sow the deceased alive an	italyattended the deceased fram.  19 19 11) view the bady after death.		d that in (my) (aur) apinian	death accurred on the d	ate and haur a		that (I) (we) last causes stated
		22d. PHYSICIAN'S NAME (TYPE	roud	M:	DEGREE  ATTENDING PHYSICIAN  1226 ADDRESS	MEDICAL STA		B-JB	SIGNED 82
MPORTA			Hernandez			Hospital,	Balto	)., MI	0 21229
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	0/00/00		emetery or crematory nd Mem. Pk.	Towson,	Balti	LMore	
•		uneral director ac Nabb Funer	al Home, Cato	nsvi <sup>-</sup>	4 1 1 1	FREC'D. BY REGISTRAR G 30 1982	25 SEGISTRA	J. C.	hilf

DHMH-16 30M 2/80 (VRA 15, 4)

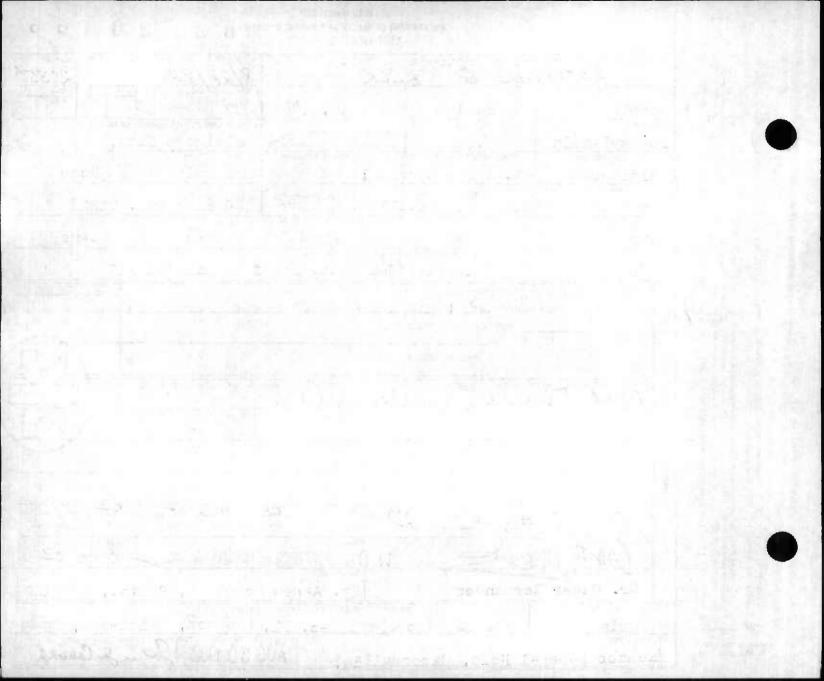
retained by the hospital or

should be detached for use on the burnel-transit permit. Thus please emove carbonappers, with the Store Dept. of Health and Mental Hygiese prior to burial, cremation, as removal.

TO FUNERAL DIRECTOR, After this certificate has been

OR ATTENDENG PHYSICIAN, The low

signed by the



1	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	20567
Ì	1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
	CLIFTON	L.	KELLEY	8	22 B2 6:30 AM
Ì	Male Male	4. RACE Black	12 7 06	6 AGE (IN YEARS LAST BIRTHE	
5	Maryland  Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR	COUNTY OF DEATH
9	BALTIM ORE	11. NAME OF HOSPITAL, NURSIN HENOTIN SUCH EACHLITY, GIVE STREET PROVIDENT HO	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
)	Maryland 136.COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY  Baltimo		7157REEDAPPRESS	Park Lake Dr. 901
é	H. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST
1	Albert	Kelly			Carter
	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
1	Yes	218-12-	2075 Lillian H.	Kelly 717	Druid Park Dr.901
	Canditians, if ony, which gave rise to immediate couse lot, stohing the underlying couse lost	DUE TO, OR AS A CONSEQUE  (c)	SPIRATORY ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER/		
,	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
è	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE FARM, ETC ) CITY OR TOWN COUNTY STATE NOT WHILE

22a I certify that (I) (this hospital) attended the deceased fra saw the deceosed alive an abave, (1) (we) (did) (did not) view the body ofter deoth. and that in (my) (aur) opinion death occurred on the date and hour and fram the causes stated

22b. SIGNATURE DEGREE ATTENDING PHYSICIAN MEDICAL STAFF

22e ADDRESS HIGHES -AW RENCE 2600 PROGRAIS

23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY

BURTAL 8/27/82 Balto. Nat. Cem. Baltimore

Md

March F/H 1101 E. North Avenue AUG 2 3 1982

WH - 16 SOM 1/81 (VRA 15, 4)

APORTANT.

24 FUNERAL DIRECTOR

Alerka Tolka Carlotte Carlotte

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ND 2120	24 hours
AARYLA	d within
AORE, N	execute
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TONOT	ath certi
W. PRES	of the de
05, 201	uires the
RECORI	law rea
VITAL	AN: The
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	PHYSICIA
Não O	R ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 34 haurs after a
	a.

certificate has buriol-transit per

DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) AGNES KELLY. Anna 7-22 PM LISEX 4 RACE 5 DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY While. MONTH YEAR 06 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore Good Samaritan Hospital Bookeeper Bank SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 5935 Falkirk Rd Maryland Baltimore YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Frank Church Anna Beitz ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-24-5413 AlJerome H. Kelly No Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY-Marsive Ou Bramsley Hirbertuken Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 70h IF YES. WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NO 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 0 21e. PLACE OF INJURY 21f. LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK AT WORK 22a I certify that (1) (this hospital) attended the Beceased from sow the deceased dive or and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did (did not) view the body after death should be detached from the State Dept. o 226. SIGNATURE DEGREE 22c. DATA SIGNED uning STAFF ATTENDING ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) GOOD SAMMARITAN HOSPITAL SRINIVAC SUBRAMANIANI

S601 LOCH ROWER Blod. Balling MD 21234 23c. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY / SPECIEVE CITY OR TOWN Burial Aug. 27.1982 New Cathedral Baltimore AUG 3 0 1982 24 FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

AHIIA -

Harrian U. Saition of Strain Compited Control of Strain Control Contro

# MOSPITAL OR ATTENDING PHYSICIAN: The law intained by the hospital or attending physician.

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	2	0	5	6	9
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1-	FOR STATE REGISTRAR		DEPART		EALTH AND M		IENE 8	REG. NO	2	2 0	5 6	9
	CEASED NAME FILL BOOL		T.	KELLY	AST F		2a. DATE O	F DEATH	8 1	0 82	26. HC	
1 SE	MALE	4. RACE Blac	ck	5. DATE O	F BIRTH	°08	6. AGE (IN)	3	YRS.		AYS HOURS	ER 24 HRS MIN.
76. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT N.C. USA				MARRIED NEVER MARRIED			Baltimore City or County of Death  Baltimore City			MD.		
(IF NOT IN SUCH FACILI			HEACHTY GIVE STREET	TAL, NURSING HOME OR OTHER INSTITUTION TY, GIVE STREET ADDRESS) TIMORE, MARYLAND 21218			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				VESS OR	
	AL RESIDENCE (IF NURSING ) 13b. MD	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltin	VN I	13d. INSIDE CIT YES [X	Y LIMITS?	130. SIREET 290	ADDRESS 9 Wi	nche	ster	St.	
14. FA	THER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S	maiden nan ary	WE	WIDDLE		Ke	e'1''ly	
L.	VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	166 SOCIAL SECT						9th	oth St.			
NO	Canditions, if any, wh gave rise to immedicause (a), stating underlying cause In		A CONSEQUENCE OF ADENOCARCINOMA OF THE COLON  A CONSEQUENCE OF  BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE						IVEN IN PAR	N IN PART 1/a		
CERTIFICATION	19a. DATE OF OPERATION 7/31/82	= 101 100		ION FOR WHICH OPERATION WAS PERFORMED  DLON OBSTRUCTION			IN CERTIFYIN			ES, WERE FIN	WERE FINDINGS USED NG CAUSES OF DEATH?	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED   21a. PLACE OF INJURY OF INDIVINIE   AT WORK   AT WO			NTH DAY YEAR 19 RY 211 LOCATION				RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE				STATE
	220. I certify that (I) (this haspital) attended the deceased fram										stated	
23a 6	Burial, cremation, rea Burial	8/16/	1000	1	emetery or c eteran			ATION Y OR TOWN	svil	county le		STATE

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the funial fromit permit. Then please remove cortion appears with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic

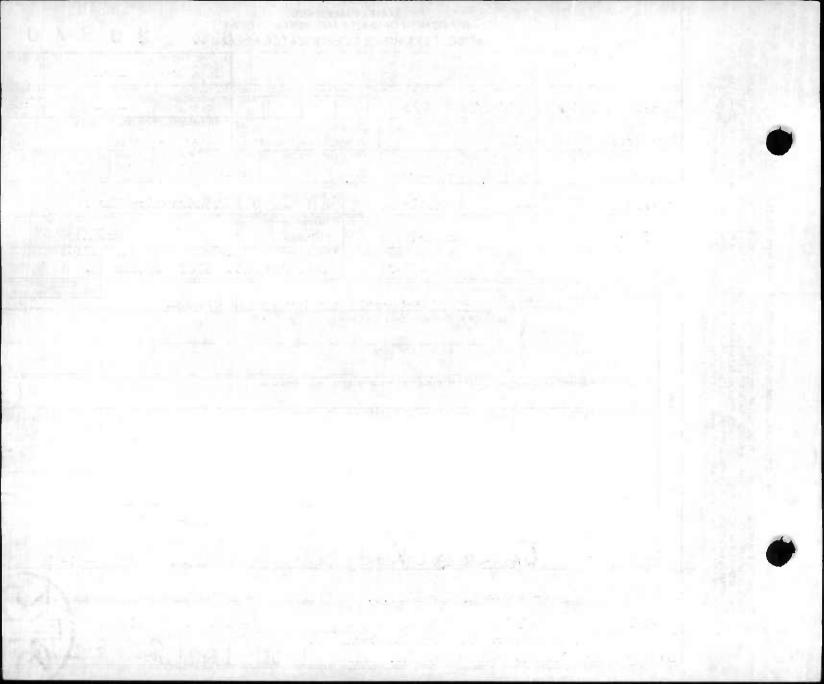
MPOSTANT: If Item 21 is marked or Irem 18 110 ws any

(VRA 15, 4)

Wm. C. Ma 1101 E. North Ave. March F/H

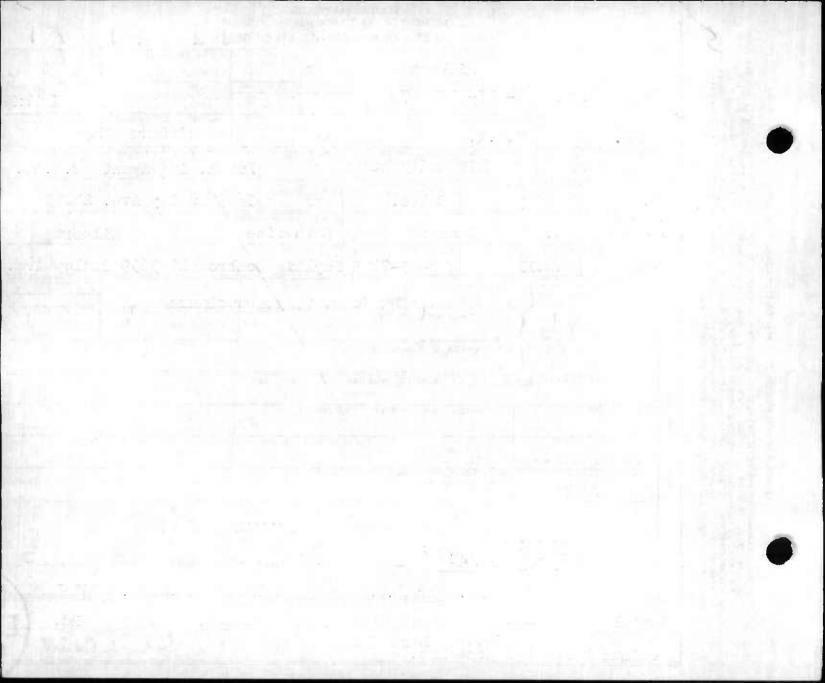
20M 4/82

STATE OF MARYLAND



20M 4/B2

STATE OF MARYLAND



IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-stransit permit. Then please remove carbon papers: P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Poges

	1 -	FOR STATE REGISTRAR		DEPART	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 5 7 2  CERTIFICATE OF DEATH						
	1. DE( 11YPE 3. SE)	CEASED NAME FIRST OR PRINT! A RNOLD	1. RACE	KE MIDDLE	RN S. DATE C	EY DE BRIH	20. DATE OF DEATH  S-S-8  6 AGE (IN YEARS LAST BIR	MONTH DAY YEAR  THOAY) IF UNDER 1 YE.	840 pm		
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	VHAT COUNTRY?	5	- 7° - 48	3 L	YRS YRS DAY	S HOURS MIN.		
5		IN O	USA		WIDOWE		CTT		MD.		
3	6	3altimore	UNIV	FACILITATESIVE STREET	ADDRESS R	OR OTHER INSTITUTION	12a USUAL OCQUPATI	ON 176. KIND F WORKING LIFE L'ADUSTE	OF BUSINESS OR		
5	13a S	SUAL RESIDENCE (IF NURSING HOW OR OTHER INSTITUTION GIVERES STATE 130 COUNTY 130 (0)				13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS Clareway Rd 121				
C	14 FA	Sachuel	MIDDLE	Ervir		15. MOTHER'S MAIDEN NA	MIDDLE	Fitza	erald		
		VAS DECE SED EVER IN U.S. AR YES NO OPUNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166. SOCIAL SECT	D-271	DE dith L	Kerney	4506 (	lereway		
27		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE MMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY E CAUSE (o)  DUE TO, OR  (b)	AS A CONSEQU	ENCE OF	Bronchage	ruie Care	El nome	OKINATE INTERVAL NONSET AND DEATH		
	ION	PART 2. OTHER SIGNIFICANT C		INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART	lto		
	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION F			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO			
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.A	A. MONTH D A.	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2	)		
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	DE INJURY SET, FACTORY OFFICE	FARM ETC )	21f LOCATION STREET	CITY OR TO	wn COUNTY	40pm STATE		
			75.0	FL 19		nd that in my our) opinion	death occurred on the do	ote and hour and from the	that (1) we ast		
		22b. SIGNATURE	el /	2 Kee	Den	ATTENDING PHYSICIAN [	MEDICAL STAI	FV D	TE SIGNED		

STATE

COUNTY

DHMH - 16 50M 1/81 (VRA 15, 4)

etoined by the hospital or attending physician

187 MM UNIV 236 NAME OF CEMETERY OR CREMATORY Baltimore Cem 3d. LOCATION
CITY OR TOWN 182 250 DATE REC'D. BY REGISTRAR 256 PEISTRAR'S SIGNATURE
AUG 1 1 1982 John J. Com 24 FUNERAL DIRECTOR 1101 E. North Aug C. march F/H

ess

23b. DATE

8/13

23a. BURIAL, CREMATION, REMOVAL

uria

Commence of the state of the st patient would would be at the land MANAGE TO STATE THAT OF AFRICA STATE BUT SAID STATE STATES

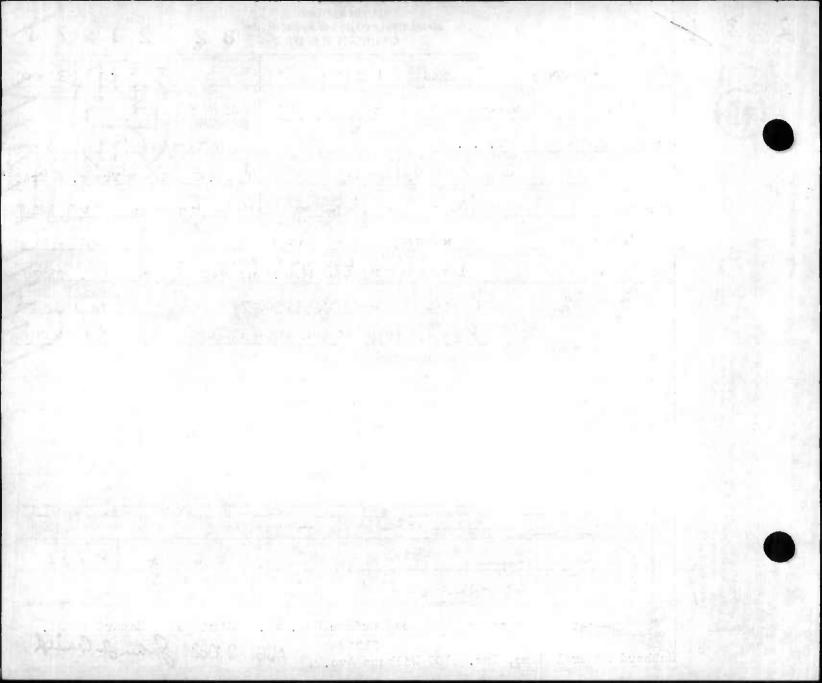
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	2 REG. N	2	0	5	7	•
ATE OF					Tax	

L	REGISTRAR							REG. NO.			
1	1. DECE ASED NAME	FIRST	WIDDLE	U	AST		2a. DATE OF	DEATH MONTH	DAY YEAR	26 HOU	JR
-	(ITTE ORPRINT)	EDWARD	THOMAS	Kl	ERNS			8	7 8	7 3:	40 PM
- 1	3. SEX	4 RACE		5. DATE O			6 AGE INY	EARS LAST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER	
J	Male	White	a - 20 Ya	3 MONTH	16	97	85	YE	MONTHS DA	IS HOURS	MIN,
A	BIRTHPLACE ISTATE C	OR FOREIGN 76 CITIZEN C	F WHAT COUNTRY?	8.	NEVER /	AADDIED [	9 BALTIMO	RECITY OR COU			
1	New York		S.A.	WIDOWE	D DI	VORCED [	BAL	TIMOR	E CITY		MD.
1	0 CITY OR TOWN OF D		F HOSPITAL, NURSIN	G HOME O	R OTHER INS	ITUTION		OCCUPATION FOR MOST OF WORK!		OF BUSINE	SSOR
1	Baltimore	- ME	RCY HO	SPIT	AL			. Dept.		is. & !	Traff-
1	13a. STATE	JRSING HOME OR OTHER INSTITUTION 136 COUNTY	ON GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e. STREET				TC
1	Maryland		Baltimo	re	YES	NO []	1930 I	Harman A	venue	21	230
A	14. FATHER'S NAME	WIDDLE	TAST			FIRST	WE	MIDDLE		LAST	
4	Willian		Kerns			arah			Cu	rran	
1	(YES, NO OR UNKNOWN)	ER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	3.10	- Buck	17 INFORMA		Ke all	ADDRESS			
	NO		218-05-	4486	Lavir	ia E. E	Kerns	1930 Har			230_
	IN CAUSE OF DEA	ATH   Enter anly ane cause p							BETWE	OXIMATE INTER	DEATH
	1 ACTION AND AND AND AND AND AND AND AND AND AN	IMMEDIATE CAUSE (a)	CARDIOPUI	LMON	ARY	ARRE	57		10	MINI	UTTES
	157	DUE TO,	OR AS A CONSEQUE			01.1		- 0-	77		1
	Canditions, if an		METAST.	ATIC	CAF	KCINON	TA U	= PANCA	EAS	1 MON	7145
	couse (a), star	ting the DUE TO.	OR AS A CONSEQUE	NCE OF							
		(c)_									
		GNIFICANT CONDITIONS	A				INAL DISE ASE	OR CONDITION	GIVEN IN PART	lia	
Н	ASCVE 190 DATE OF OPER 5/4/87 210. ACCIDENT WAS U	WITH LIPACON	ATRIAL IDITION FOR WHICH		BRILL		00- 4:-9-	DCV2	VEC WERE	Division	
1	= 5/4/87	COF	MON BIL	E DUC	7 00	STRUCTIO	20a AUTO	INCE	YES, WERE FIN	ES OF DEAT	H?
1	21g. ACCIDENT WAS U		OF INJURY	MICRE		ILIBY OCCUPA	YES 🗍	NO	YES [	NO [	
1		CAUSE OF DEATH HOUR	A.M. MONTH DA	YE AR	LIK TIOW IN	JON I OCCURR	LE (ENTER NA	TURE OF INJURY IN ITEM	TIS PART   ORPART 2	1	
1	OR CONTRIBUTING L		P.M. E OF INJURY	19	21f LOCATIO	N.		0			
	WOLLE NO.	WHILE (AT HOME	STREET, FACTORY, OFFICE, FA	ARM, ETC )	STREET			CITY OR TOWN	COUNTY	5	TATE
	AT WORK AT W	VORK	the decree 1.1	8/-	}	10 07		8/9	10 0 7	41	
	saw the deced	(I) (this hospital) offended ased alive an	8/7 198	3 /	d that in (mv)	(aut) apinion d	eath occurre	d an the date and	haur and from	■, that (I) (± he causes sta	
	abave, (1) (***) 22b. SIGNATURE	(did) (did not) view the boo			DEGREE		Secorre	aute und		IE SIGNED	
	Gull	-651	-l M	10	1	TTENDING	MEDICAL	STAFF	01	7/87	
+	22d. PHYSICIAN'S N	NAME (TYPE OR PRINT)	A		22e ADDRES			PHYSICIAN S		1100	
	GUILL	ERMO W. 1	RNAUD		0	2213	LORE /		(209		
1	23a BURIAL, CREMATION	N, REMOVAL 236 DATE		IAME OF CE	EMETERY OR	1 1 1	23d LOCA				
-	(SPECIFY) Buria	8/11/				em. Pk.	E1kr	ridge	Howard	Md	TATE
- 1	24 FUNERAL DIRECTOR		ADDRESS	21	.229	25a. DATE	REC'D BY R	EGISTRAR 25 DEC	GISTRAR'S GO	BURE . 1	4
1	Hubbard Fune	eral Home, Ir	ic, 4107 Wi			AUG	5 9 19	182 /0	mon	7	

DHMH-16-50M 1/B1 (VRA 15, 4)



	1 -	FOR STATE REGISTRAR				MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	S Z REG. N	_	0 5	7 4
		EASED NAME	FIRST	113	WIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 8
b. L			Ric	chard			Kim	08/22/82			10 DA
3.	SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	HOURS MIN.
L		Male		Whit	te	May	3 1968	14	YRS.		
70		THPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
		A Oh:		U.S.	Α.	WIDOWE		Baltin	nore C	ity	ME
10	. CIT	Y OR TOWN OF DE	ATH		HOSPITAL, NURSI		R OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	F BUSINESS OR
		ltimore		J	ohn Hop	kins	Hospital	never emp		1140031111	
13	SUA. 30. ST	ATE	1135 COUL	OTHER INSTITUTION	136. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	,		15217
	Pe	nna		gheny	Pitts		YES NO	1252 Murr		Ave	Pgh. Pa
15		HER'S NAME		WIDDLE	LAST	-	15 MOTHER'S MAIDEN NA				
		Yoon	Ch	iou1	Kim		Dong	Soon		Oh	
16		AS DECEASED EVEL		MED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMANT	ADDR	ESS 52 Min	rray I	Hill Ave
	(1)	No	(IF YES, GIV	E WAR OR DATES)	191-48-7	835	Yoon Choul(	Eugene) Kim	Po	b De	15217
		2849 Conditions, if any	IMMEDIA?	TE CAUSE (a)	DR AS A GONSEQU	( )	ammic	^		BETWEEN	MATE INTERVAL ONSET AND DEATH
		gave rise to im cause (a), stati underlying caus	mediate ng the e last	( (c)_	DR AS A CONSEQU		NOT RELATED TO THE TER/	MINAL DISEASE OR CON	idition given	IN PART 10	0,
ACITA DISITION	IIIICALION	9a. DATE OF OPERA	TION	196 CONI	DITION FOR WHICH	OPERATIO	n was performed	200 AUTÓPSY?	20b. IF YES, V IN CERTIFYIN YES [	G CAUSES	NGS USED OF DEATH?
1	Š	210. ACCIDENT WAS UN			OF INJURY	AY YEAR	21¢ HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	JRY IN ITEM TO PART	T OR PART 2)	
4	3	OR CONTRIBUTING		KIII	P.M.	19	-				
-	MEDICAL	214 INJURY OCCUP	RED	21e. PLACE	OF INJURY	EADAA EVO	211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
	~	WHILE NOT W	HILE .	TAT HOME S	TREET, PACIONT OFFICE,	rakm, EIC)	2/2	1	1	Co	STATE
		220.1 certify that	hhis haspi	tol) ottedded t	be deceased from.	07	D. C. 19 8	Lio Aux	M 7 22 19	86	that (J/ (we) las
	- 1	saw the deced	ed alive on	t) view the had	v atter death	8 Car	d that i (my (our) opinian	death accurred an the	late and hour a	nd fram the	causes stated
	ı	226. SIGNATURE	37 (3.0 110	, C	/ - /		DEGREE			22c. DATE	SIGNED
	-1	- 1 NO	mas	W.	WOON	laur 1	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN -	+ 8.	22.82
		22d. PHYSICIAN'S N	AME (TYPE O	OR PRINT)	CROST	MN	220. ADDRESS	HOPKIN	.1	SP	
_		IRIAL, CREMATION	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		-	1
23	Ba BL	MIAL, CHEMIATION	, ILLINO THE								
23	(5	PECIFY) Rurial	, KEMOTAE	Aug-2	6-1982 Mt	. Ver	non Cemetery	Elizabet	ATER A	0 e 4	Pa

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FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

CERTIFICATE OF DEATH

ARBUTUS MEMORIAL

NORTH AUG

9-1-82

FUNERAT LONE

ADDRESS 3035 BALTIMORE COUNTY. MD.

DECEASED NAME **FIRST** MIDDLE 20 DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) GLADYS KING 520 AUGUST 26 1982 3 SEX 4 RACE 5. DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HRS DAYS FEMALE BLACK SEPPEMBER 78 Te BIRTHPLACE (STATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA BALTIMORE CITY USA WIDOWED DIVORCED MD. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY ME PROVIDENT HOSPITAL (TYPE OF WARE FOR MOST OF WORKING LIFE) BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
136. COUNTY
137. CITY OR TOWN
BALTIMORE 13d. INSIDE CITY LIMITS? 12 AT BELLOU COURT NO [ YES A 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE JOHN. MIDDLE DTXON GALLOWAY 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, HOOR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-24-4132 NANCE 3601 CALLOWAY AVE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause to, stating the DUF TO. OR AS A CONSEQUENCE OF underlying cause lost KADAIC TO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) Ithis hospital) attended the deceased from, sow the deceased alive on above, (1) (we) (did) did no) view the body after death 10and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE -DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DERECTOR PHYSICIAN 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) NAOMI CUTLER M.D. NORTH 28TH STREET 236. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPEC#BURIAL

DHMH-16 25M (VRA 15, 4) 1/79

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MPORTANT:

24 FUNERAL DIRECTOR

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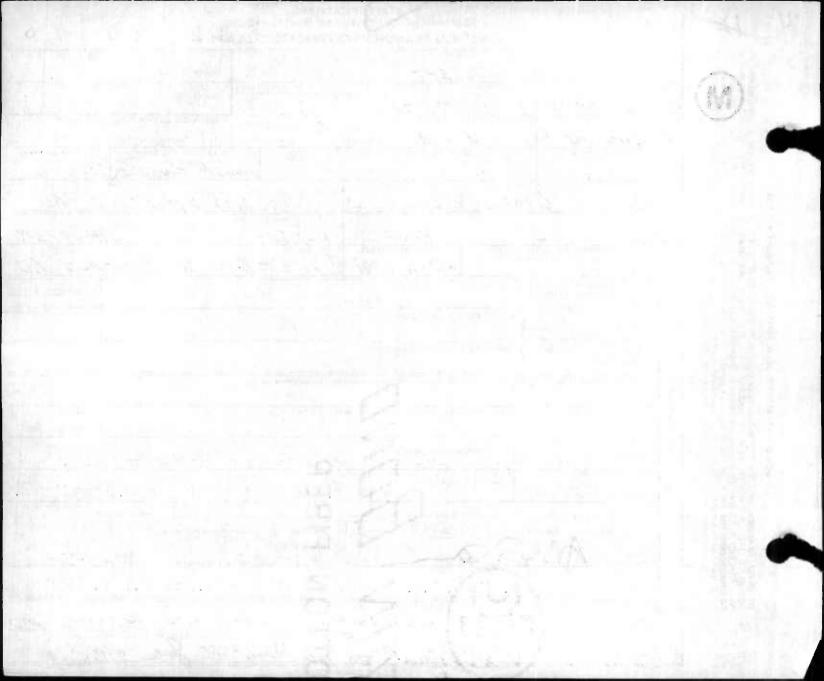
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TO COLLY 215-24-4132 dieser is debtstäten in 186. 1

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FOR 1 - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6.00	0		•	

REGISTRAR			CERTIF	ICATE OF I	EATH	REG. N	0.	0 0	
1. DECEASED NAME	FIRST	MIDDLE		AST		20. DATE OF DEATH	момтн	DAY YEAR	25 HOUR
Gol	den	E.	Kite	chen			8	3 82	7: a <sub>M</sub>
3. SEX	4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
Female	Blac	k	2	11°	ii	71	YRS	MONTHS DATS	HOURS MIN.
G. BIRTHPLACE (STATE OR	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	8.	DE NEVER	AARDIED 🗍	9 BALTIMORE CITY	R COUNT		
Wash., D	.C. USA		WIDOWE	_	VORCED	Baltimo	re Ci	ty	MD
10. CITY OR TOWN OF DE		HOSPITAL, NURSIN		OR OTHER INS	ITUTION	120 USUAL OCCUPAT			F BUSINESS OR
Balto.	The second secon	Ready Av	enue			(TIPE OF WORK FOR MOST	, WORKING!	INDUSTRI	
STATE Md.	ING HC ROTHER INSTITUTION OUNTY	13t. Balto.		13d INSIDE C	ITY LIMITS?	13e SIREEJ ADDRESS 5318 Rea	dy Av	e.	
14 FATHER'S NAME					MAIDEN NAM	ME			
FIRST	MIDDLE	LAST		E1	sie	WIDDLE		Pol	lard
16a WAS DECEASED EVER		166 SOCIAL SECU	JRITY NO.	17. INFORMA		ADDRI	SS		
NO	(IF YES, GIVE WAR OR DATES)	220-07-	2854	Claud	le Kitch	nen 5318	Ready	Ave.	
18 CAUSE OF DEAT	H (Enter only one couse pe	r line for (o), (b), on	d refit				1 3	APPROXII BETWEEN C	MATE INTERVAL DISET AND DEATH
PART I. DEATH W	AS CAUSED BY:	METASTA	TIC	CERVIC	AL CA	PRCINOMI	4	197	
180	1	DR AS A CONSEQUE	ENCE OF				-		
Conditions, if ony	which ( (b)_								
gove rise to imi		OR AS A CONSEQUE	ENCE OF						
underlying couse									
PART 2 OTHER SIGN	VIFICANT CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	) '
ATT 1 HE ME 190. DATE OF OPERA	ici - Kyper	teus on							
MO DATE OF OPERA	ION 198 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN FYING CAUSES	IGS USED
RILE						YES NO		S 🔲	NO [
00.00	LICUID A		AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
(IF EITHER NOTIFY MEDI		.M.	19						
(IF EITHER NOTIFY MEDI 21d. IN JURY OCCUR	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM FIC )	211 LOCATIO	N	CITY OR TO	wN	COUNTY	STATE
AT WORK AT WO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	(thu hospital) offended to		2 2	7.	, 19 76		,		that (I) ( lost
sow the deceos above, (1)	ed olive on	7-12 19	, on	nd that in (my)	opinion o	deoth occurred on the de	ote and hou	or and from the	couses stated
22b. SIGNATU	Toll M	W	(		TTENDING X	MEDICAL STA		8.2-	
17 6 2357 S 1230 6 19	CONT. TOTAL	S. W. ZEBL	EY, M.						
/	380	9 GREENM	OUNT !	AVE.					
23a. BURIAL, CREMATION,	REMOVAL 236 DADA	TIMORE 33 N	APME OF E	PARY OR C	REMATORY	23d. LOCATION			
Burial	8/7/	82 A	rbut	us Cem	etery	Arbutu	s,	COUNTY	Md ATE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicia

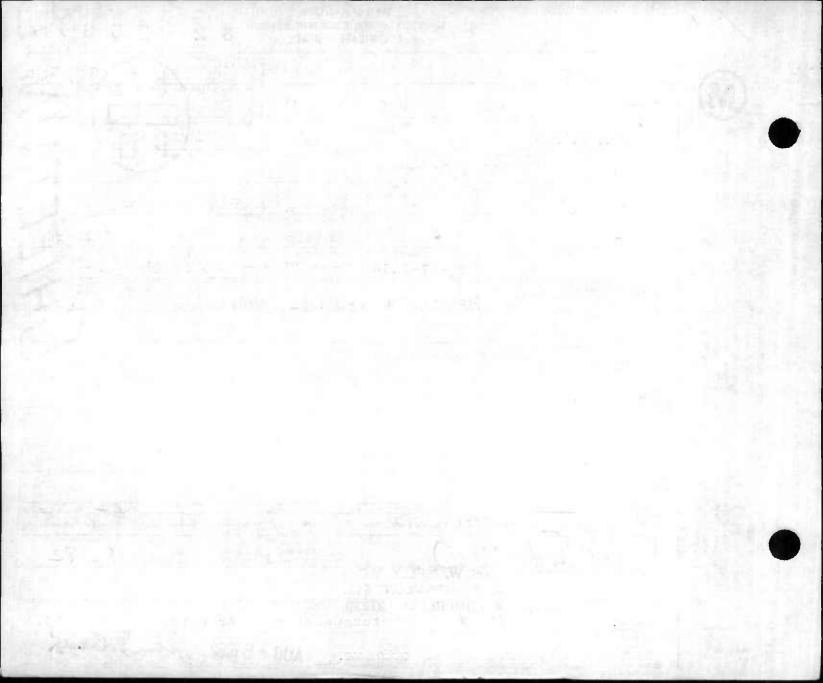
should be detoched for use os the buriol-tronsit permit. Then pleose remove corborpopes with the Stote Dept, of Heolth and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is morked or them 18 shows only

injury, or other troumotic event, th

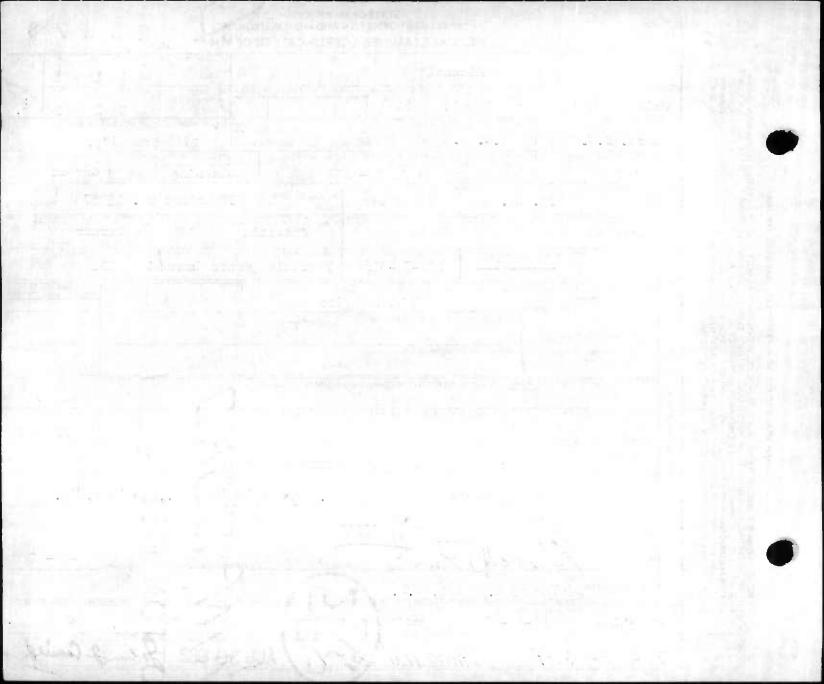
24 FUNERAL DIRECTOR
Wm C March F/H, Inc. 1101 E. North Ave.

Md.



20M 4/82

STATE OF MARYLAND



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STATE OF MARYLAND

FOR
STATE
STATE
REGISTRAR

STATE OF MEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 2

20579

					-		REG. N	O.				
1. DE	CEASED NAME FIRST		WIDDLE	l	AST		20 DATE OF DEATH	HTMOM	DAY	YEAR	2b. HOU	JR
	MARI	Ε	E.	K	NAUF			08	15	82		PM
3. SE	X	4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BI		IF UNDE	RIYEAR	IF UNDER	The Line
	FEMALE	WHI	re	MONTH	16	O3		8 YRS	MONTHS	DAYS	HOURS	MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	72 8.			9 BALTIMORE CITY		Y OF DE	ATH		
	GERMANY	II C	A		D NEVER A	_	DATETMODE	- OTUS	17			
	ITY OR TOWN OF DEATH	U.S	HOSPITAL, NURS	ING HOME C	10.00	VORCED []	BALTIMOR I			KINDO	BUSINE	MD.
		(IF NOT IN SUC	H FACILITY, GIVE STREE	ET ADDRESS)		- 4	TYPE OF WORK FOR MOST	OF WORKING		USTRY	0031146	.55 OK
-	BALTIMORE  AL RESIDENCE (IF NURSING HOME)		24 SILVE		ROAD, 2	21206	HOMEMAKER					
13e.	STATE 136 COL		13c. CITY OR TO		13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS					
_	MARYLAND		BALTIM	ORE	YES 🔀	NO 🗌	2618 LEHN	IAN S'	TREET	1, 2	1223	
III. E.	ATHER'S NAME FIRST	MIDDLE	ŁAST			FIRST	WE			LAST		
Ł	WILLIAM		WIRTH		BA	RBARA			WI		NGER	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	ADDR	ESS				
	NO NO	IVE WAR OR DATES!	214-50	-2524	GEORGE	E M. KNA	AUF 1320 F	HTTE	RSTR	REET	21	217
	18 CAUSE OF DEATH (Enter of	anly one cause per			0=01.01		101				MATE INTER	The state of the s
	PART I. DEATH WAS CAUS	ED BY:		UTE	MVC	CARD	IAL INFA	RCT		1	ow.	
	11100 MMEDI	ATE CAUSE (a)			1110	CHIC	1/42	11-01			. 6-00	
	7100	DUE TO, O	R AS A CONSEO	UENCE OF	APT	FOV	DISEA	-	8 100			
	Canditians, if any, which gave rise to immediate	(b)_	CORT	NON	1111	C 11	DIJEN	36				
	cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEO	UENCE OF					10			
		(c)										
z	PART 2 OTHER SIGNIFICANT	RONIC	ONTRIBUTING TO	RESS	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN P	ART 110		
CERTIFICATION	19a DATE OF OPERATION		TION FOR WHIC			Buch	200 AUTOPSY?	Jan. IE VI	ES. WERE	CINIDAN	CC HCC	
	THE DATE OF OPERATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	KWED	ZUB AUTOPST:		IFYING C			
E			E to Live Pay				YES NO		ES		NO [	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME C HOUR A.		DAY YEAR	Zic. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PARTIOR	PART 2)		
3	(IF EITHER NOTIFY MEDICAL EXAMIN		M	19								7.6
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	FARM FIC )	211 LOCATIO	N	CITY OR TO	WN	cou	INTA	5	STATE
^	AT WORK AT WORK			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	22a Certify that (1) (this has	pital) attended th	e deceased from	_ 2	- 24	19 82	to 17-	2.2	, 19 8	2.,1	hat <u>(1)</u> (v	we) last
	saw the deceased alive a abave, (I) (we) (did) (did r			83	that in (my)	(aur) apinian d	death accurred an the d	ate and ha	our and fr	am the c	auses sta	ated
	22b. SIGNATURE	1/	uner deum	111	DEGREE				220	. DATE S	SIGNED	
	1 Muy	Kana	uschel	5h	M.D.	TTENDING PHYSICIAN V	MEDICAL STA			800	16-8	82
1	22d. PHYSICIAN'S NAME TYPE	OR PRINT)	-	)	122e ADDRES		DIRECTOR PHISH	IAN [		0		
	MTGHTT THE A											
22.	MIGUEL KARACI			111115 07 7	300		d STREET					
	BURIAL, CREMATION, REMOVA (SPECIFY)				EMETERY OR C		23d. LOCATION CITY OF TOWN		COUNT		S	TATE
_	BURIAL	08-1	8-82		DON PAI		BALTIMORI		Y	MA)	RYLA	ND
	UNERAL DIRECTOR		ADDRESS		229	250 DATE	G 1 8 1982	256 AF G15	STRAR'S S	CNA.	IRE	4
H	UBBARD FUNERAL	HOME, IN	C. 4107	WILKEN	S AVE.	AU	0 1 9 1305	100	~~~	7		

DHMH-16 50M 1/81 (VRA 15, 4)

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the state of the s THE LEWIS CONTRACT CO Market William Market Strand Burn Strand BENESIG IVALTAN MANAGES Marchael Comment of the second THE LAND SAME AND THE TOTAL Add a cold of the Chair

	1.	FOR STATE	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL H	YGIENE 8 2	9	0 5	8 0
		REGISTRAR		CERTI	FICATE OF DEATH	REG. N	O.		
		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY		26 HOUR
No.	1	Cynth	na .	K	night	August	8 2	1 82	4:31 Am
8	3. SE)		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIT		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
		Lemale	white	MON		70	YRS.	MINS DATS	HOURS MIN.
10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.		9 BALTIMORE CITY		F DEATH	
1)	(	Alabama	United Sto	UTES WIDOW	ED NEVER MARRIED		co Cili.		MD.
37	0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	NURSING HOME		120 USUAL OCCUPAT	ON PEWORKING LIFE	126. KIND OF	F BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TAJE 13b. COUP	OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION OR TOWN	134. INSIDE CITY LIMITS?	Seamstre	SS	Sewi	ing
200	14. FA	THER'S NAME 4737 F	ark Height	s Ave.	Banoter's MAIDEN	MIDDLE		Baug	hman
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCI	AL SECURITY NO.	17. INFORMANT	ADDR	ESS		
		nknown	215-	05-1793	chart	and Federa	1 16:11	Nsg t	tome
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line far (a	), (b), and (c)				APPROXIA BETWEEN O	MATE INTERVAL
			TE CAUSE (O) ACRES	Remail F	miluse				hours
		4100		NEEDHENGE OF					
- 1		Due TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which (b) Carchiae arrest							hours
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF							lohours	
18			107	ossible.	myocardial			1	
	z	PART 2. OTHER SIGNIFICANT				RMINAL DISEASE OR CON	DITION GIVEN	N IN PART 11a	
-	CERTIFICATION	Congestive head	- failure -	aulmon	ON WAS PERFORMED	20e AUTOPSY?	Tank IE VES V	WERE FINDIN	CELIER
1	FICA		JVB. CONDITION FOR	WHICH OPERATI	ON WAS PERFORMED		IN CERTIFYII	NG CAUSES	OF DEATH?
1	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121, HOW INTERVOCA	VES NO	YES		NO 🗆
6		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	PILLIOW HAJORI OCC	URRED (ENTER NATURE OF INJU	RT IN HEM IS PAR	1   ORPARI 2)	
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED		19	211. LOCATION				
	MED	WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY (AT HOME, STREET, FACTOR)	, OFFICE, FARM ETC )	STREET	CITY OR TO	)wN	COUNTY	STATE
		220.1 certify that (1) this hosp	ital) attended the decease	d from Amau	A+ 20 , 19 X	) to Augus	F 31 . 19	821	that (II) (we) lost
		sow the deceased alive on above (1) (we) (did) (did no			and that is (my (our) opinio	on death accurred on the d	ate and hour o		
		22b. SIGNATURE	2		DEGREE	MEDICAL STA	cc	22c. DATE S	SIGNED
- , ,		Dugit K	· Houston	MD.	PHYSICIAN			18-0	4102
1		22d. PHYSICIAN'S MATAE THE	4.4		220. ADDRESS				
		Birgit K.	Houston, mo	).	1 Mercy Hox	pital Baltic	nore, r	nd. 2	1205
1	23a. B	SPECIFY DOMOSTO 1		23c. NAME OF	CEMETERY OR CREMATOR	Y 23d. LOCATION	,	COUNTY	STATE
	,	Removal	8/25/82						0.13.1

DHMH - 16 50M 4/82

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has b

should be detoched for use as with the State Dept. of Health

24 FUNERAL DIRECTOR
Anatomy Board

Balto., Md.

AUG 27 1982 John 25h REGISTRAR'S SIGNATURE

NOTE A SELECT OF REPARTS OF THE SELECT

	Life and the same of the
Maria de la compansión de	SEASTATION VOLUME

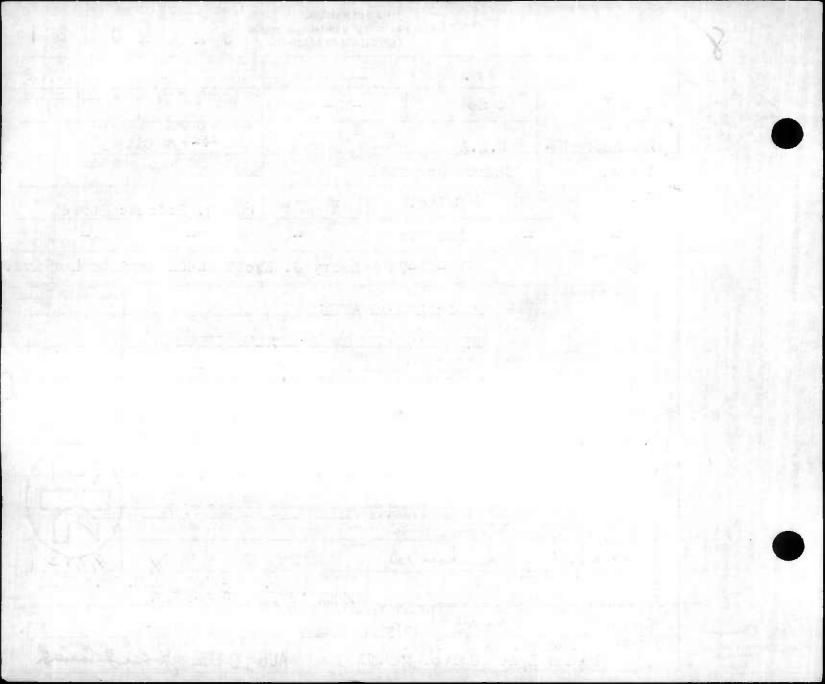
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled i should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 mind 1 hould b with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medica

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	8 2 REG. NO.	0 3 8 1
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR
CORA	S.	KNOTT	AUGUST 7. 19	982 11:30 M
female	cauc	5. DATE OF BIRTH  MONTH -12AY 94EAR		IF UNDER 1 YEAR IF UNDER 24 HRS ON 145 DAYS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF COUNTY	OF DEATH
Baltimore Md	U.S.A	WIDOWED DIVORCED	Do ta manage Ci	ty MD.
Balto.	"Chutch" Ho	_	120 USUAL OCCUPATION HOUSEWINE LIFE	126 KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF MURSING HOME 130. MOE. 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BE DUNTY 130 BLY PT.	FORE ADMISSION)  13d. IN SIDE CITY LIMITS?  YES 25 NO	13e STREET ADDRESS 602 N. Potoma	c Street
14. FATHER'S NAME FIRST	MIDDLE Pfis	ter IS. MOTHER'S MAIDEN N	AME MIDDLE	T <u>24</u> 1
(YES) (YES) (16 UNKNOWN)	ARMED FORCES? 166. SOCIAL S GIVE WAR OR DATES) 215-0:	1-7561 Larry J.	Knott 2802 Chr	ristopher Ave
18 CAUSE OF DEATH (Enter PART ), DEATH WAS CAU	anly ane cause per line far (a), (b)	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSE  (c) <b>CONGESTI</b> T CONDITIONS <u>CONTRIBUTING</u>	CLEROTIC CARDIOVASC DUENCE OF VE HEART FAILURE (L TO DEATH BUT NOT RELATED TO THE TER ICH OPERATION WAS PERFORMED	PNEUMONIA  MINAL DISEASE OR CONDITION GIVE  1200 AUTOPSY? 1206. IF YES.	WERE FINDINGS USED ING CAUSES OF DEATH?
ATT L			YES NOXX YES	□ NO □
2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC ) STREET	CITY OR TOWN	COUNTY STATE
	spital) attended the deceased fra an AUGUST 7 19 nat) view the body after death.		n death accurred on the date and hour	9 82 , that (I) (we) last and from the causes stated
22b. SIGNATURE	Cilon	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 8/7/82
22d. PHYSICIAN'S NAME (TYPE		22e. ADDRESS 100 N	N. BROADWAY BALTO.	. MD. 21231
23a. BURIAL, CREMATION, REMOV.  (SPECIFY)  Burial	8/11/82 2	3. NAME OF CEMETERY OF CREMATORY Holy Redeemer		COUNTY STATE Md.
Schimunek Fun 3331 Brehms		Md 21213 A	ATE REC'D. BY REGISTRAN 255 GISTR.	AR'S SIGNATURE

DHMH - 16 50M 1/B1 (VRA 15, 4)



	1			STATE OF MARYLAND		
15	1	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE	20582
	L	REGISTRAR		CERTIFICATE OF DEATH	O REG.N	
e € ±		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
oy b	3.5E	Hdelai	de M.	15. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	8-8-8 4 4 M M
26	1000	Ecolo	1. NACE	MONTH DAY YEAR	73	MONTHS DATE HOURS MIN.
(MAR) O.	Tr. B	ETHPLACE I STATE OF POST-ON	7b. CITIZEN OF WHAT COUNTRY	12-18-08	9 BALTIMORE CITY O	OR COUNTY OF DEATH
<b>建一般。</b> 意为	1	nariland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	2 12	were City MD.
1 190/	10. C	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b. KT D OF BUSINESS OR
1 13 10	LB	altimore City	JOHN L DENT		e wastes	OF WORKING LIFE) INDUSTRY
2 54 201	USU Ula	AL RESIDENCE IF NURSING HOME O	OTHER INSTITUTION GIVE RESIDENCE BEFO		13e STREET ADDRESS	
1 11000	1	mol.	Balto,	YES NO 🗆	107 CX8	eter Hall
1 10 100	H.F.	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
	4	JOHN	Magrude	MARGARE	T	MYERS
pub pade		VAS DECEASED EVER IN U.S. AF (ES. NO OPUNKNOWN) (IF YES. GI	MED FORCES? 168 SOCIAL SEC		ADDR	2/208 ATT.T-1
4 81 4	$\vdash$	IVU	2/2-01-	945STAGNES M.P.	KLLEPH 10	ZIIVALLEY COUNTRY CT
heat physical post ent,		PART I. DEATH WAS CAUSE	NIV OL CAT			BETWEEN ONSET AND DEATH
cert yrbo yr re-		43/20 IMMEDIA				
Beath on a		Conditions, if any, which	DUE TO, OR AS A CONSEON	Aedings		
4 411 5	0	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU			
the state of the s		underlying cause lost.	(c)			
uisignesi politica	z	PART 2 OTHER SIGNIFICANT	A	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 110
been so mit. The prior to ony inju	ATIO	19a DATE OF OPERATION	CHEMINITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
So os y	FIC	THE DATE OF OFERATION	The CONDITION WINC	TOTERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
hysicion The rousit propriet Physicia propriet Physicia propriet Physician propriet	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP	YES NO	YES NO
전 후 후 현 E		OR CONTRIBUTING CAUSE OF DE	3111	DAY YEAR		
hys cer burio d Meni	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TO	OWN COUNTY STATE
offe offer the offer the orked	2	WHILE AT WORK	( AT HOME STREET, FACTORY OFFICE	FARM ETC)	- 1 9	STATE
NO ON O		77s I certify that I othe hosp	to attended the deceased from	\$153		, 19 , that (I) (we) ast
ATTE ospite ospite d for d for m 21		above (I) we idid (did no	t leiew the body after death.		death accurred on the d	late and hour and from the couses stated
DIRE Dept		27h SIGNAMERE	M	DEGREE ATTENDING	MEDICAL STA	22c. DATE SIGNED
HOSPITAL med by the FUNERAL UID be deto the Stote ORTANT: #	-	22d, PHYSICIAN'S NAME (1994)	S PRINTS	PHYSICIAN	DIRECTOR PHYSIC	1
수를 프로듀 X		Buch	Jahren mo	Deaton nto	ctr 611 5	
of or should be	23a	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	BALTIMA
_BP	P	DRIAL	8-11-82 B	ALTO NATIONAL CEN	1. ROLLO	COUNTY
DHMH - 16 50M 1/B1	24. F	INERAL DIRECTOR	, , , , ,	250. DA	UG 1 0 1982	25b. R. STRAR'S SIGNATURE
(VRA 15, 4)	N	EWELL FUNE	RALHOME PIL	RESVILLE MD A	100 10 1982	John of lawely

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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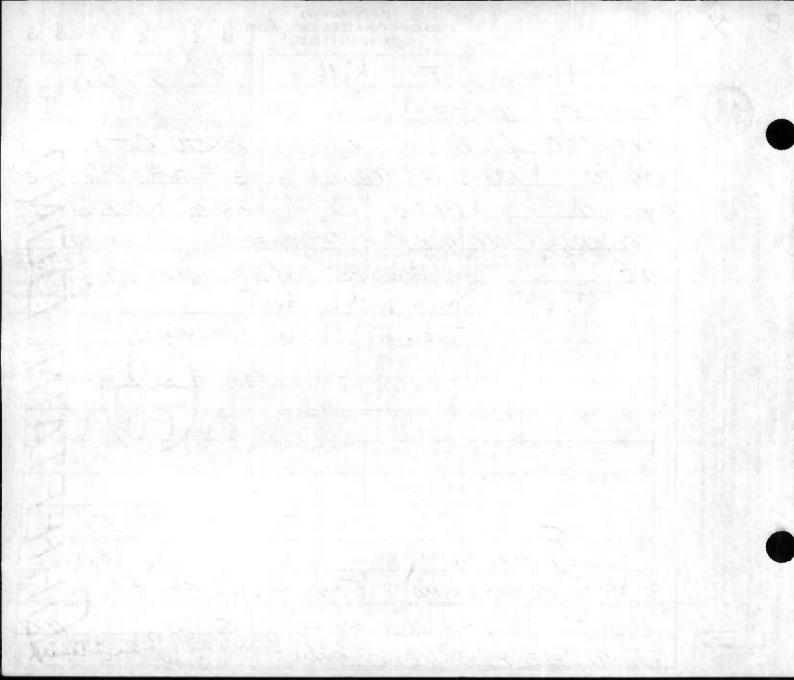
SEX   RACE   S. DATE OF BIRTH   B. AGE (MY MASS AST BRINDS)   SUBSET MY BOOK   DATE OF BIRTH   B. AGE (MY MASS AST BRINDS)   SUBSET MY BOOK   DATE OF DATE O	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 REG. NO.	20583
BRITHPRACE (SISTE CONTORION) CONTRIBUTION BRITHPRACE (SISTE CONTORION) BR	1. DEC		T. Kolb	20. DATE OF DEATH MONTH  AUG 5	DAY YEAR 26 HOUR
In Procession of the additional of the additio	FO BI	RTHPLACE (STATE OF FOREIGN 17b, CITIZEN OF WH)	AT COUNTRY? 8. MARRIED   NEVER MARRIED !	8 54 YR	MONTHS DAYS HOURS MIN.
13. COUNTY   13. CITY OR TOWN   13. INSIDE CITY LIMITS?   13. STREET ADDRESS   13. STREET A	1	BALTO 1845	REOPOLUAY		12b. KIND OF BUSINESS OR INDUSTRY
TRIST   MADDLE   CAST   TRIST   TRIS	13a. S	STATE 136 COUNTY 136	BALTO YES NO NO	919 1.37	REFORP ST.
18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c).  PART I, DEATH WAS CAUSE BY  MANDIATE CAUSE (a)  DUE TO, OR AS PRONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216 ACCIDENT WAS UNDERLYING   2116 TIME OF INJURY OR CONTRIBUTION   2116 TIME OF INJURY OR CONTRIBUTION   2116 TIME OF INJURY OR CONTRIBUTION   2116 TIME OF INJURY (I ETIME NOTE WEDCAL REMINISE)  2116 INJURY OCCURRED  2116 INJURY OCCURRED  2116 TIME OF INJURY (AI HOME STREET, FACTORY, OFFICE, FARM, ETC.)  2111 LOCATION  2112 INJURY OCCURRED  2113 INJURY OCCURRED  2114 INJURY OCCURRED  2115 TIME OF INJURY (AI HOME STREET, FACTORY, OFFICE, FARM, ETC.)  2115 INJURY OCCURRED  2116 INJURY OCCURRED  2116 INJURY OCCURRED  2116 INJURY OCCURRED  2116 INJURY OCCURRED  2117 INJURY OCCURRED  2118 INJURY O	16a V	MIDDLE MIDDLE MAN WAS DECEASED EVER IN U.S. ARMED FORCES? 1160.	IGUESKI PETROM	DELLA MIDDLE	KROPP
PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (O)		ab a	15-22-1578 BERNARO	Maligueski	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH    FETHER NOTIFY MEDICAL EXAMINER)   P.M.   19	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost    MMEDIATE CAUSE (o)	RECURVENT CERVICAS A CONSEQUENCE OF	1 CARCINOMO	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  NOT WHILE AT WORK  AT WORK  220.1 certify that (I) (this hospital) attended the deceased from 19, to 10, 19, that (I)  saw the deceased glives 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes s obove, (I) (we) (did (did pat) view the body after death.  226. DATE JONE  227. DATE JONE  230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 19, county 23d. LOCATION 23d. LO	TIFICAT	19a DATE OF OPERATION 19b, CONDITION	n for which operation was performed	IN CEI	RTIFYING CAUSES OF DEATH?
270. I certify that (I) (this hospital) attended the deceased from		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
saw the deceosed olivery of the dotter death.  19	MEDIC	WHILE NOT WHILE T	NJURY PACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION OR TOWN OR TOWN	6	saw the deceosed glive obove, (1) (we) (did fidd part) view the body after 1776. SIGNATURE	DEGREE ATTENDING PHYSICIAN  72e ADDRESS	MEDICAL STAFF	22c. DATE (IGNE) 8/5/82
24. FURERAL DIRECTOR  ADDRESS	(	BURIAL 8-78	236. NAME OF CEMETERY OR CREMATOR  TO SHELL  25a.	RY 23d. LOCATION	m

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been ingred by the attending physical should be detached for use as the burial-transit permit. The please impose corbon papers with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requirent retained by the hospital or ottending physician.



FOR

- STATE

page 3

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death. Page 4 may be

executed within 24 hours ofter

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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L.	REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	10.	0 0	
	CEASED NAME FIRST	WIDDLE	LA	ST	26. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
(1.22)	John	F.	K	DAFT		0	1 82	5'45 "
3. SE		RACE	5 DATE O	F BIRTH	6 AGE (IN YEARS LAST B	RIHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	nala	1 1 1 -1 -	MONTH	DAY YEAR		0	MONTHS DAYS	HOURS MIN.
100	IRTHPLACE (STATE OR FOR FIGN: 7h	CITIZEN OF WHAT COUNTRY?	9	29 07	A DALTHORE CON	YRS.	V OF BEATH	
THE. D	SOUNTRY)	CITIZEN OF WHAT COUNTRY!	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	DK COUNT	Y OF DEATH	
/	laryland	4.3.14.	WIDOWE	67	Balt	mox	ZE C	Ity MD.
10. C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
1	3altimore	St. Aanes	405	pital	Bureiten	_	Misse	HOD
45U	AL RESIDENCE (IF NURSING HOME OF OTI STATE 135, COUNTY	HER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	121 AUGUSE CITY LIVITES	In storet appores		U ICAN	7
	My Tlens	ARD FILLCOTT	Ctv	13d INSIDE CITY LIMITS?	3927 A	LANDRO	570	TAN
14. F/	ATHER'S NAME	1 1	-/	15. MOTHER'S MAIDEN NA	ME	JUUDAU	ico ork	607
	In Ital	DIE SOL	E7-	MARY	MIDDLE	-	1,25	1
160	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECU	JRITY NO.	17 INICODMANS	ADDE	FSS	101	7
	YES, NO OR UNKNOWNIE (IF YES, GIVE W		2 .02/4	17 INFARMANTO 4181	1. 1000 Nes	.00		
		1217-21	2.8365			G	RANTSYIL	LE MO
	II. CAUSE OF DEATH Enter only of PART & DEATH WAS CAUSED B	one couse per line forms. It pro	d (c.)	0			MIT THE C	MATE INTERVAL
	IMMEDIATE O		Linded.	edema	Harry Bridge		May	us
	4280	DUE TO, OR AS A CONSESSE	ENCHOR				~1	
	Conditions, if any, which	Kenel	tack	ule			Cd	Rys
	gove rise to immediate cause (a), stating the	Marie San Dan VI Paracitrania	0	0.0	April 1995		4	0
100	underlying cause lost	DUE TO, OR AS CONSEQUE	MCMO!	los + follow			nec	14
100	PART 2 OTHER SIGNIFICANT CON		DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR COM	out on the		
Z	Tolo V		DESCRIPTION !	ON METHOD IN THE SERVE	INVAL DISEASE ON LOS	CHILDING DIS	EN IN PART III	
CERTIFICATION	196 DATE OF OPERATION	IN CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20s AUTOPSY?	Tank is ver	S, WERE FINDIN	OS VISED
문	the street of th	The Court of the C	TOT EMPTINE	THE PERFERENCE	White the charles	IN CERTIF	FYING CAUSES	OF DEATH?
1	Pla. ACCEPT WAS UNDERSTING. [7]	71h TIME OF INJURY		91. Lichius B. Lichius	VES NO	4	5	NO 🗆
	OR CONTRIBUTING CALIFE OF DEATH		AY YEAR	21c HOW INJURY OCCUR	RED TENTER HATLING OF POR	BY SKIDEN SERV	HAT LOWFART 3)	
CA	( IF EITHER, INCIDEN MEDICAL EXKININER).	P.M.	19					18911
MEDICAL	ZIA INJURY OCCURRED	21s. PLACE OF INJURY (ATHOMS SIRES, FACTORY, OFFICE O	ARM STEV	TH LOCATION	CITY OF TO	29099	COUNTY	TATE
-	AT WORK D NOT WHAT	The second second second second						
	220.1 certify that phythis haspital		-/	19	to		10	that (II (we) fast
- 0	saw the decreased alive on above, \$1 (\$\delta\$) (did not)	new the body after death.	one one	f that in (my) (aur) opinion	death occurred on the a	ate and hou	or and from the	cours stated
1	221/SIGNATUR	The Copy Chair Section	1/0	EGREE			33) DATE	SIGNED
	1 Moderal	A A A A	1/ 11	ATTENDING	MEDICAL STA		01	.00
	ZM. PHYSICIAN PINAME IT OF OR PE	- What	KO M	THYSICIAN [	DIRECTOR [] PHYSI	CIANY	1011	.05
	1212	F MCA	1	- 1	1. 6	- A.	- 1h	2
	GREGORY.	. I'I MULIF	FE	900 CATEN,	110 - 0	·174A	65 /105	7.
230 E	BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR CREMATORY	23d LOCATION	700	Pund	g to c 1Ds.
4	SURIAL	8-4-82 4	DRRAI	UE FK. MAU	S WOODLA	wn	DALTO	). M(I)
24 FL	- NAME	ADDRESS	20.BO	X 268 250 DAT	EREC'D BY REGISTRAF	256. P. C. IST	RAR'S SIGNAT	7 1
5	SLACK FUNDROL H	ADDRESS	9-	City dio43 A	00 1 7 1905	10	and	shelf

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificote has been signed by should be detached for use as the burish-trainst permit. Then please with the State Dept. of Health and Mental Hygiene prior to burish, or

IMPORTANT, If hem 21 is marked or

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE-

1 - STATE REGISTRAR		DEPAR	TMENT OF H	EALTH AND MENTA	AL HYG 1	IENE 8 2	2 NO.	0	5 8	5
DECEASED NAME FIRST		MIDDLE	Ĺ	AST		20 DATE OF DEATH		DAY YEA	R 2b HC	JUR 3
ROXANN	E		KRI	EPPS		August :		982	8:	21Pm
SEX	4 RACE		5. DATE C		A D	6 AGE (IN YEARS LAST		IF UNDER 1 Y	EAR # UND	ER 24 HRS
Female	Wh:	ite	8		53	29	YRS		1.5 HOOKS	181114.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	what country	? 8.	D X NEVER MARRIE	D 🗆	9 BALTIMORE CITY	OR COUN	TY OF DEAT	4	
Maryland	U.S	5.A.	WIDOWE	_		Baltimor	e Cit	У		MD.
CITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTIO	N	12a USUAL OCCUPA			ID OF BUSIN	VESS OR
Baltimore	Church	n Hospit	al Cor	poration		Housewif		111003		
UAL RESIDENCE (IF NURSING HOME). STATE	OR OTHER INSTITUTION	13c CITY OR TO		13¢ INSIDE CITY LIM	VITS?	13e. STREET ADDRES	S			
	ltimore	Edgem		YES NO		2327 Spa		Point	Road	
4. FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAID	ENNAM	AE MIDDLE			LAST	
Milton	F.	Bertho	ldt	Nancy	7	М.			ams	
60 WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADD	RESS470	5 Bayo	nne A	venue
No	one was on bares,	216-62	-0460	Clara Ric	ghtm	yer	Bal	to. MD	212	06
PART 2. OTHER SIGNIFICAN  COMA AND RE  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CO	RY FAI	DEATH BUT	NOT RELATED TO THE STATE OF THE		NAL DISEASE OR CO	INSIP	PIDUS ES, WERE FIN	2nd	ED
i i						YES NOT		TIFYING CAU	NO NO	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CONSECUTION OR CONTRIBUTION CONSECUTION (IF EITHER NOTIFY MEDICAL EXAM) 21d. IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAM) 22d. I certify that (1) his has sow the color of the color	P. PLACE (AT HOME, STE AT HOME, STE AT HOME, STE AT HOME, STE AT HOME	M. MONTH M.  DOF INJURY  REET, FACTORY OFFICE  e deceased from  19  after deam.	19 - FARM. ETC.) - AUGU: - 82 . , or	211 LOCATION STREET  ST 8, 19  Ind that in (my) our of the complete of the com	82 ppinion d	MEDICAL ST DIRECTOR PHYS	T 26, date and he	county	, tha ((l)	
30 BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMA		23d LOCATION	uway			
Burial	8/30	/82 C	ak Law	n Cemeter	У	CITY OR TOWN	altimo	re, Ma	rylan	d

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DHMH - 16 50M 1/81 (VRA 15, 4)

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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physici

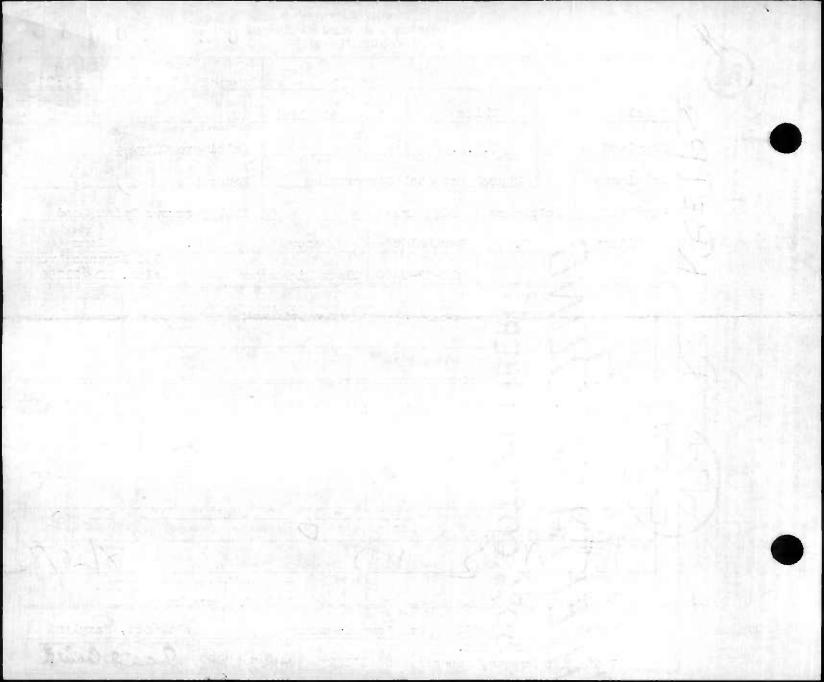
should be detoched for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior t

IMPORTANT: If them 21 is morked or Item 18 shows

24 FUNERAL DIRECTOR

Duda-Ruck, Inc.

7922 Wise Avenue, Dundalk, MD



injury, ar ather traumotic

MPORTANT: If Item 21 is morked ar Item 18 shows

ID FULLERAL DIRECTOR: After this certificate has been signed by the ottendin ioual be detached for use as the burial-transit permit. Then please remave can the first e Dept. of Health and Mental Hygiene prior to burial, cremation, or

etailed by the hospital or attending physicia

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR		CERTII	ICATE OF DEAT	Н	REG. NO.	0 0	0 0
1. DECEASED NAME FIRST	MIDDLE		LAST	2a DATE	OF DEATH MONTH	DAY YEAR	2h HOUR
HELE	N G.	KUCHA	USKAS		8 17 82	2	3:20 A
1. SEX	4 RACE	5. DATE O				IF UNDER 1 YEAR	IF UNDER 24 HRS
FEMALE	WHITE	1		5	76 YRS	DATS	MOUNTS MAIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	- 🗆	9 BALTIM	ORE CITY OR COUNTY	OF DEATH	
MARYLAND	U.S.A.	WIDOW	D NEVER MARR	TAT	TIMORE CITY		MC
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPIT				LOCCUPATION	12b. KIND O	F BUSINESS OR
BALTIMORE	(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRESS) AGNES HOS		(TYPE OF W	ORK FOR MOST OF WORKING LIFE		OMERY
USUAL RESIDENCE (IF NURSING HOM					1400		ARD
		TYORTOWN	134 INSIDE CITY LA	MITS? 13e. STREE	T ADDRESS		
MARYLAND	B	ALTIMORE	YES 🔣 NO		W. HAMBURG	SIKEEI	., 21230
FIRST	WIDDLE	LAST	15 MOTHER'S MAI	DENNAME	MIDDLE	LAST	т
JOHN		COOK	JOSE	PHINE		HUFFIN	IGTON
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16h SC	OCIAL SECURITY NO.	17 INFORMANT	APT. B	ADDRESS GL	EN BURN	NIE, MD.
NO NO		19-16-8006	JOSEPH B		KAS 6508 S.		
18 CAUSE OF DEATH (Ente	er only one couse per line for	(o), (b), and (c).)				APPROXI	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	d. ma enir.	Shock				
4100		<b>X</b>					
Candiday Same 121	DUE TO, OR AS A	CONSEQUENCE OF	I Masur	itation			
Conditions, if any, which gove rise to immediate		oc /vacca	700	8			
couse (a), stating the underlying couse lost.	DUE TO, OK AS A	CONSEQUENCE OF	1.1	. 0 1	The same of the sa		
	( (c)   ¿ac	and the	poorelier	marci	Lance .		
PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO T	he ter <b>w</b> inal dise	ASE OR CONDITION GIVI	EN IN PART I O	)
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AU		, WERE FINDIN	
SE S	194			YES	NOI YES	YING CAUSES	OF DEATH?
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	RY	21c HOW INJURY		NATURE OF INJURY IN ITEM 18 PA		140
00.000,000,000,000,000		ONTH DAY YEAR		OCCOUNTED (EINTER	NATURE OF HAJORT HATTEWING F	tal : Oaran 2)	
(IF EITHER NOTIFY MEDICAL EXAM		19					
(IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
WHILE NOT WHILE AT WORK							
220.1 certify that (I) (this h	ospital) attended the dece	osed from augu	ut 16 19	82 to 6	Lugar 17	19 82	that (I) (we) lost
sow the deceased olive	on august	19 82 %	nd that in (my) (our)	opinion death occur	red on he date and hour	ond from the	couses stated
22b. SIGNATURE	d not) view the ody after d	eoin.	DEGREE			22c. DATE S	SIGNED
Stanley 6	D1 H-1+		MD ATTEN			0	1,7182
22d. PHY STAN'S NAME (T	YPE OR PRINT!		22e. ADDRESS	CIAN [] DIRECTO	R PHYSICIAN	0	11100
			ZZG. ADDRESS				
STEPHEN PLAN	THOLT, M.D.		ST. AGN	ES HOSPIT	AL 900 S.	CATON A	VENUE
23a. BURIAL, CREMATION, REMOV	VAL 23b. DATE	23c. NAME OF C	EMETERY OR CREM		CATION	COUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BURIAL

08-20-82

21229

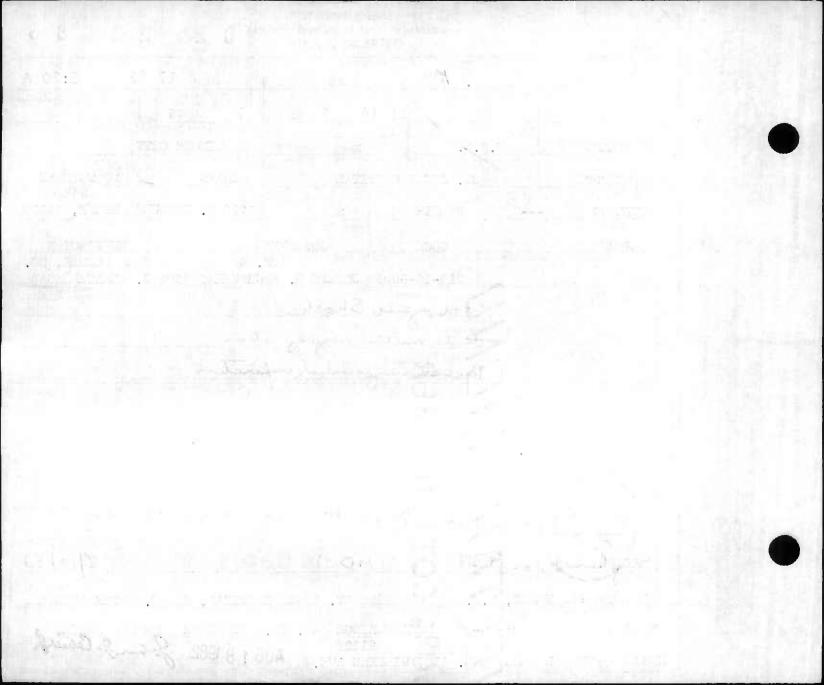
HOWARD

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

PK. ELKRIDGE

250. DATE REC'D. BY REGISTEAR

AUG 1 8 1982 MEADOWRIDGE MEM.



FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE 8 2 REG. NO.	20587
EASED NAME Chaire	e Ko	ihn	20. DATE OF DEATH MOR	8 29 82 26. HOUR 10
EMALE	V <sub>HITE</sub> *	E OF BIRTH DAY AR YEAR 05	6. AGE LIN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
DUNCTRE) N.Y.	USA   wido	RIED NEVER MARRIED DIVORCED	Baltimore city or c	City MD.
etto, City	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, RIVE STRAIN ADDRESS) AVINOUS HOVE	) Griatric Carda	120 USUAL OCCUPATION (TYPE OF WORK FORMOST OF WO	EDUCATION
HOW HOW	ARD XXXXXX	YESXIXIX NO X	3/2 XXXXXXXXXX	ER, CT, #21043
BRAHAM	ROSE	15. MOTHER'S MAIDEN NA	RAE	UNKNOWN
AS DENTO SED EVER IN U.S. AR	350-26-70	3868 SPENCI		N DTT CITY, MD 21043
PART I DEATH WAS CAUSE		nosclong	dial inta heart de	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  T. J. L. T.  Jeaste.
Hypothy	POTCH SM			
19 DATE OF OFERATION	198 CONDITION FOR WHICH OPERA		YES   NO	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO
216. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING. CAUSE OF DE- LIFE EITHER, NOTHY MEDICAL EXAMINER.	The state of the s	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A 114 INJURY OCCURRED 21e. PLACE OF INJURY

211 LOCATION

(our) opinian death accurred an the date and hour and from the causes stated

CITY OR TOWN

22a.1 certify that #9(this hospital) attended the deceased from saw the deceased olive on.

DEGREE

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR | PHYSICIAN 22c. DATE SIGNED

COUNTY

22d PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHAT

STATE

22e. ADDRESS

23d LOCATION

230. BURIAL, CREMATION, REMOVAL BURIAL

77E SIGNATUR

FOR - STATE REGISTRAR DECEASED NAME (TIPL OF PENTS

SEX

Ta. BINTHPLACE

COUNTRY

4. FATHER'S NAME FRMIT ABRAHAM

> 23b. DATE AUG. 31,1982

23c. NAME OF CEMETERY OR CREMATORY HAR SINAI

OWINGS MILLS

BALTO.

24 FUNERAL DIRECTOR SOL LEVINSON& BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

21215

250. DATE REC'D. BY REGISTRAR 250. RESTARAR'S SIGNATURE

DHMH- 16 30M 2/80 (VRA 15, 4)

and the same to their said and arrivery the same 

ond 2 sh

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and car should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1-with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

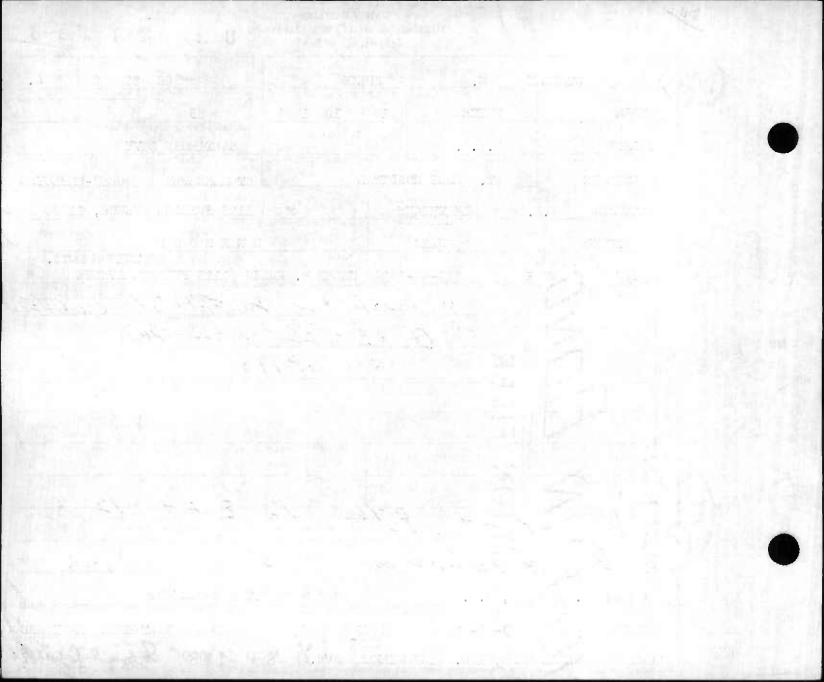
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1	Co	Gi
	DEC NIO	

2058

REGIS	IRAR								REG NO.				
DECEASED		FIRST	- /	MIDDLE	i	AST		2a. DATE OF D	EATH MONT	H DAY	YEAR	2b HC	UR
(TTPE OR PRINT)		TANLEY	y W		KU	ILIS			08	29	82		A
3. SEX			RACE	Mg/l	5. DATE C	OF BIRTH		6. AGE (IN YEAR			JNDER I YEAR	IF UNDI	
MAI	LE.	13	WHI	TE	10	30	1896		85		INS DAYS	HOURS	
a. BIRTHPLA	CE (STATE OR F	OREIGN 7		WHAT COUNTRY	2 8	20.00		9 BALTIMORE		YRS. UNTY OF	DEATH	-	_
POL			U.S	Δ	MARRIEI		MARRIED		IMORE				
	OWN OF DEA	TH 1	1. NAME OF H	HOSPITAL, NURSI	NG HOME C			12a USUAL OC	CUPATION	T	126. KIND (	OF BUSIN	ES:
DATT	TIMORE		(IF NOT IN SUC	AGNES H		Т		COMOD TELE			INDUSTRY		~
USUAL RESID	DENCE (IF NURS	NG HOM FOR C	THER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)			STOREK			SELF-	EMPL	U)
MAR STATE	YLAND	A A		LINTHIC		13d INSIDE (	NO 🕅	1125 F		AVE	NITE	2100	Λ
14 FATHER'S		Δ,Δ,	•	HEIGH			'S MAIDEN NA		UKNAGE	AVI	NOL,	2109	<u> </u>
	FIRST UNKNOWN		IDDLE	KULIS			FIRST	UNKN	MIDDLE IN N		t A	.51	
	CEASED EVER		ED FORCES?	16b SOCIAL SEC		17 INFORM	ANT	UNKN	ADDRESSI		TCIIM	исте	
	R UNKNOWN)		WAR OR DATES)	216-40			R. KU	TTC 110	5 FURN				•
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	RT I. DEATH W	IMMEDIATE		14 4 17	1 10	1/15	ham	11/1-1	4/-0/	12/11	5%	11	2
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			,	R AS A CONSE	ENCE OF	10,17	ESE	1151	11-17.	Ins			
Condi	itions, if ony,	which	( lb)_	K	186	BET	FOF		12-17.	INS			
Condi gove couse	itions, if ony, rise to imn	which nediote ig the	( lb)_	K	186	BET	FSF		12-17.	INS			
Condi gove couse	itions, if ony,	which nediote ig the	( lb)_	R AS A CONSEQUE	186	BET Rope	FSF		11-11.	ins			
Condi gove couse under	itions, if any, rise to imn (0), statin rlying couse	which nediote ig the lost	(c)	K	JENCE OF			75			IN PART 1	10	
Condi gove couse under	itions, if any, rise to imn (0), statin rlying couse	which nediote ig the lost	(c)	R AS A CONSEOL	JENCE OF			75			IN PART 1	10	
Condi gove couse under	itions, if any, rise to imn (0), statin rlying couse	which nediote ig the lost	DUE TO, OI	R AS A CONSEOL	DEATH BUT	not relate	D TO THE TERM	75	DR CONDITIO	IF YES, W	ERE FIND	NGS US	
Condi gove couse under	itions, if ony, rise to imn (0), stotin rlying couse	which nediote ig the lost	DUE TO, OI	R AS A CONSEOU	DEATH BUT	not relate	D TO THE TERM	AINAL DISEASE C	DR CONDITIO	IF YES, W		NGS US	TH
Condi gove couse under PART 2	rise to imm rise	which necliote lig the lost  NIFICANT CO	DUE TO, OI  CONDITIONS CC  196 CONDITIONS 1216 TIME O	R AS A CONSEQUENTIAL TO THE PROPERTY OF THE PR	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE C	OR CONDITIO 5Y? [20b. IN 0	IF YES, W CERTIFYIN YES [	ERE FIND IG CAUSE:	NGS USI	TH
Condigove under PART 2	rise to imm rise t	which nedicte g the lost	DUE TO, OI  CONDITIONS CC  196 CONDITIONS 1216 TIME O	R AS A CONSEQUENTIAL TO THE PROPERTY OF THE PR	DEATH BUT	NOT RELATE	D TO THE TERM	7.5  MINAL DISEASE C  206 AUTOPS  YES	OR CONDITIO 5Y? [20b. IN 0	IF YES, W CERTIFYIN YES [	ERE FIND IG CAUSE:	NGS USI	TH
Condigove under PART 2	itions, if ony, rise to imm (2 to 1), storing couse 2. OTHER SIGN	which nedicte g the lost NIFICANT CO	DUE TO, OI  CO  DIDITIONS CO  IPP CONDITIONS  21b TIME O  HOUR A.  21c PLACE	P AS A CONSEQUENTIAL FOR WHICH	DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED  N WAS PERFO	D TO THE TERM	ZOG AUTOPS  YES NEED (ENTER NATUR	OR CONDITIO	IF YES, W CERTIFYIN YES [	/ERE FIND IG CAUSE: ] 1 OR PART 2)	NGS USI	TH
Conding Conding Cover Under Un	itions, if ony, rise to imm is (o), storing couse  2. OTHER SIGN TE OF OPERAT  CODENT WAS UND TRIBUTING (O) HER NOTIFY MEDIS  JURY OCCUR	which mediate ig the lost  NIFICANT CO  FION  DERLYING   CALEXAMINER)  RED	DUE TO, OI  CO  DIDITIONS CO  IPP CONDITIONS  21b TIME O  HOUR A.  21c PLACE	R AS A CONSEQUENTIAL TO THE PROPERTY OF THE PR	DEATH BUT H OPERATION DAY YEAR 19	NOT RELATED N WAS PERFO	D TO THE TERM	ZOG AUTOPS  YES NEED (ENTER NATUR	OR CONDITIO 5Y? [20b. IN 0	IF YES, W CERTIFYIN YES [	ERE FIND IG CAUSE:	NGS USI	TH
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WEDICAL CATTON  MEDICAL CATTON  PART 2  19a DA  19a DA  21a AC  OR CON  INFERT  21d. IN.  WHITE  AT WORK  27a-1 cc  500	itions, if ony, rise to immer to immer to immer to immer to immer to imper to immer to imper	which nedicte g the lost  NIFICANT CO  FION  PERLYING	DUE TO, OI  CC  DIDITIONS CO  196 CONDIT  196 CONDIT  196 CONDIT  216 PLACE (AT HOME, STR  (AT HOME, STR	R AS A CONSEQUENTIAL TO THE PROPERTY OF THE PR	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED  N WAS PERFO	DTO THE TERM  DRMED  NJURY OCCUR	ZOG AUTOPS  YES NEED (ENTER NATUR	DR CONDITIO	IFYES, W CERTIFYIN YES EM 18 PART	/ERE FINDI IG CAUSE: 1 OR PART 2)	NGS USI	STA (we
WEDICAL CERTIFICATION  Logical States of the	itions, if ony, rise to immer to immer to immer to immer to immer to imper to immer to imper	which nedicte g the lost  NIFICANT CO  FION  PERLYING	DUE TO, OI  ONDITIONS CO  196 CONDI  196 CONDI  216 TIME O HOUR A.I P.I  21e PLACE ( (AT HOME, STR	R AS A CONSEQUENTIAL TO THE PROPERTY OF THE PR	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED  N WAS PERFO	DTO THE TERM  DRMED  NJURY OCCUR	206 AUTOPS YES   NERED (ENTER NATUR	DR CONDITIO	IFYES, W CERTIFYIN YES EM 18 PART	/ERE FINDI IG CAUSE: 1 OR PART 2)	NGS USIS OF DEA	STA (we
WEDICAL CERTIFICATION  Logical States of the	itions, if any, rise to imm is 10, stating couse 2. OTHER SIGN  TE OF OPERAL  CIDENT WAS UNIC  THER NOTIFY MEDIC  JURY OCCURE  AT WO!  Certify that (!)  we the decease  ove, (!) (we) (c.)	which nedicte g the lost  NIFICANT CO  FION  PERLYING	DUE TO, OI  CC  DIDITIONS CO  196 CONDIT  196 CONDIT  196 CONDIT  216 PLACE (AT HOME, STR  (AT HOME, STR	R AS A CONSEQUENTIAL TO THE PROPERTY OF THE PR	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	21c HOW II  211 LOCATI STREE	DTO THE TERM DRMED  NJURY OCCUR  ON  1  19  (our) opinion	ZOG AUTOPS YES N PRED (ENTER NATUR	OR CONDITION  200. IN (  10   IN (  10   IN (  11   OF INJURY IN IT)  EITY OR TOWN  on the date or	IF YES, W CERTIFYIN YES [  YEM 18 PART	COUNTY	that (I)	STA (we
PART 2  PART 2  19a. DA  19a. DA  21a. AC  OR CON  IFFERT  21a. IN.  WHILE  AT WORK  22a. I G  SO  OB  OB  OB  OB  OB  OB  OB  OB  OB	itions, if ony, rise to imm in it in in it	which nedicte go the lost Incomplete with the	DUE TO, OI  ONDITIONS CO  196 CONDI  196 CONDI  216 TIME O HOUR A.I P.I  21e PLACE ( (AT HOME STR	R AS A CONSEQUENTIAL TO THE PROPERTY OF THE PR	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	NOT RELATED  N WAS PERFO  210 HOW IN  211 LOCATI  STREE	DRMED  NJURY OCCUR  ON  1  1  ATTENDING PHYSICIAN	206 AUTOPS YES   NERED (ENTER NATUR	OR CONDITION  200. IN (  10   IN (  10   IN (  11   OF INJURY IN IT)  EITY OR TOWN  on the date or	IF YES, W CERTIFYIN YES [  YEM 18 PART	COUNTY	that (I)	STA (we
WEDICAL CERTIFICATION  AMBICAL CERTIFICATION  AND TABLE TO SERVICE	TE OF OPERAL  CODENT WAS UND	which nedicte 9 the lost NIFICANT CO	DUE TO, OI  CO  DNDITIONS CO  19b. CONDI  21b. TIME O HOUR A. P. I  21e PLACE (AT HOME, STR	PR AS A CONSEQUENTIAL PROPERTY OF INJURY M. MONTH D. M. M. M. MONTH D. M. M. M. MONTH D. M. M. MONTH D. M. M	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	21c HOW II 211 LOCATI STREE	DTO THE TERM DRMED  NJURY OCCUR  ON  1  19  Out Out Out Out Out Out Out Out Out Ou	206 AUTOPS YES NEED (ENTER NATUR  deoth occurred of DIRECTOR D	DR CONDITION  20b. IN 10  10 D	IF YES, W CERTIFYIN YES [ EM 18 PART	COUNTY	that (I)	STA (we
Condigove under PART 2  PART 2  19a. DA  21a. AC  OR ON  WHILE AT WORK  22a. I ac  SON  22b. SIC	TE OF OPERAL  COLDENT WAS UNC  THE NOTIFY MEDIC  WHER NOTIFY MEDIC  CERTIFY THE UNITED T	which mediate go the lost the	DUE TO, OI  ONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  196 CONDITIONS CO  197 CONDITIONS CO  198 CO	PRASA CONSEQUENTIAL PROPERTY OF THE PROPERTY O	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	21c HOW II  211 LOCATI STREE  22e ADDRE  5849	DTO THE TERM DRMED  NJURY OCCUR  ON  T  ON  T  ON  T  ATTENDING PHYSICIAN (  SS  D WASHT	ZOG AUTOPS YES	OR CONDITION  SY?  100  100  100  100  100  100  100  1	IF YES, W CERTIFYIN YES [ EM 18 PART	COUNTY	that (I)	STA (we
Condigove under PART 2  PART 2  19a. DA  21a. AC  OR ON  WHILE AT WORK  22a. I ac  SON  22b. SIC	TE OF OPERAL  TE OF OPERAL  TE OF OPERAL  TE OF OPERAL  THE NOTIFY MEDIC  THER NOTIFY MED	which mediate go the lost the	DUE TO, OI  CO  DNDITIONS CO  19b. CONDI  21b. TIME O HOUR A. P. I  21e PLACE (AT HOME, STR	PRASA CONSEQUENTIAL PROPERTY OF THE PACTORY, OFFICE, office of the deceased from the	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC)	21c HOW II  211 LOCATI STREE  22e ADDRE  5849	DRMED  NJURY OCCUR  ON  T  OUT  ATTENDING PHYSICIAN ESS  WASHI  CREMATORY	206 AUTOPS YES NEED (ENTER NATUR  deoth occurred of DIRECTOR D	DR CONDITION  SY?  20b.  IN CONDITION  SY?  20b.  IN CONDITION  TO TOWN  DISTAFF  PHYSICIAN  DULEVAR  OULEVAR  TOWN	IF YES, W  IF YES, W  YES [  EM 18 PART   J 94  And hour or	COUNTY  22c. DATI  8/29	that (I)	STA (we tote

DHMH - 16 50M 1/81 (VRA 15, 4)

14 FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



# requires that the death certificate be executed within 24 hours after death. Page 4 may be OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

completely filled in by the funeral director

ave carbanpapers. Pages 1

injury, or other troumatic event, th

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	63	9	n	3	8	9
0	2 REG. NO.	6-	U	-	0	1
	REG. NO.					

1 -	STATE REGISTRAR				CERTI	FICATE OF	DEATH	8	REG. NO.	6-	0 3	0	7
	EASED NAME	FIRST		WIDOLE		LAST		2a. DATE OF	DEATH MO	NTH DAY	YEAR	26 HOUR	R
	Rev	John	n	W.	Kus	chel		08,	/14/82	2		3:	30P
3 SEX			4. RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YE	ARS LAST BIRTHDA	(Y) IF	UNDER I YEAR	IF UNDER 2	24 HPS
	Male		Whit	e	Ju1	у 26,	1917		65	YRS.			
To. BIR	THPLACE (STATE OF	REOREIGN	6 CITIZEN OF	WHAT COUNTRY	/? 8	D NEVE	R MARRIED	9 BALTIMO	RE CITY OR C	OUNTYO	FDEATH		
	Pennsylva		U	SA	WIDOW		DIVORCED [	B.	al+ime	oro (	3i + 37		MD.
10 CI1	Y OR TOWN OF DE	ATH		HOSPITAL, NURS		OR OTHER IN	STITUTION	120 USUAL	FOR MOST OF WO	ORKING LIFE		F BUSINE	SSOR
	Baltimore		John	3 5		spita	al		d Metho			gvmar	a
U.S	L RESIDENCE (IF NUF	TIM COUN	DIHER INSTITUTION		DRE ADMISSION			113e STREET A					
	laryland	Wycon		De1m		YES [	NO 🖳		Eliza	beth	Stree	t	
	THER'S NAME		NIDDLE	LAST		15 MOTHE	R'S MAIDEN NA		MIODLE	1-1-11	LAS		
	Willia			uschel			Mary		MIGDLE	Ro	binso		
	AS DECEASED EVE	R IN U.S. ARA		166 SOCIAL SEC	CURITY NO.	17 INFOR			ADDRESS				
(4)	No	(IF YES GIVE	WAR OR GATES)	162-1	4-9214	Mrs	Elizab	eth Ani	Kusch	nel sa	ame as	# 13	3
NOI	PART 2 OTHER SIG	e lost. GNIFICANT C	(c)	ONTRIBUTING TO		- 0				ION GIVEN	I IN PART I IC	) ·	
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION			ITION FOR WHIC	on for which operation was performed			200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHY  YES NO X  YES NO X					H?
MEDICAL CERT	210. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEAT		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW	INJURY OCCURE						
ED	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF			OF INJURY	211 LOCATION STREET				CITY OR TOWN		COUNTY	51	TATE
2	AT WORK NOT V	ORK .	The state of	TELL, LACTOR OFFICE	San San	1.			2.1	. /			
	220. I certify that (I) (this hospital) attended the deceased from 19 20. In that (I) (we) last saw the deceased alive an above, (I) (we) (did) (did not) view the body after death.  220. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF												
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)					PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS					10/1	1/4	_
	Susc			ster		John		us Hos		Bal	timne	Ma	_
	URIAL, CREMATION		23b. DATE				R CREMATORY		ORTOWN		COUNTY	.51	TATE
	Ruria	a ]	8/18	/82	Parec	m's Co	metery		Salich	17.37	Marv	land	

BP

TO HOSPITAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. 1050 York Road

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AUG 1 7 1982

THE STATE OF THE STATE OF reprint the control of the state of the stat The well is contact to the contact of the contact o ET To an ounce of ounce of companie . and the first ounce of Carried Carried Control who have the transfer of the second second of the second s Louis and Louis Language of Court Court Louis Man Mary and the Company of the Comp completely filled in by ond 2 should be fil

ottending physicion and

should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages. I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYCIENE

	1-	STATE REGISTRAR		CERTIFICATE OF DEATH							
		CEASED NAME PIRST	157	AIDDLE	Ku	2-1K	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 8-2-8 63 AM				
	3 SE)	MALE	S. DATE OF BIRTH  MONTH DAY YEAR  9 4 01			6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 VEAR IF UNDER 24 HOURS M					
5	<u> </u>	RTHPLACE ISTATE OR FOREIGN MARYLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE CITY MD.				
	10 CI	ALTIMONE	PNOT IN SUCH FACILITY, GIVE STREET		IG HOME OR OTHER INSTITUTION APORESS) HOSPITAL		120 USUAL OCCUPATI (TYPE OF)WORK FOR MOST OF MOLD MAKER	F BUSINESS OR			
5	13a. S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFOR 13c, CITY OR TOW BALTIMO	VN	13d. INSIDE CITY LIMITS? YES AO	13e. STREET ADDRESS	ion 1	ROAD		
0		TOHN	KUTZ	, , ,	JOSEPH	INE	KUBA				
1		VAS DECEASED EVER IN U.S. AR (IF YES, GIV				ADDRE ADDENGES		21218 EDNOR R			
1		PART I. DEATH WAS CAUSE    MMEDIA	DUE TO, OF	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	IS 7	Ber ME	HEDIHE X	L EPES		MATE INTERVAL INSET AND DEATH	
	CERTIFICATION	PART 2 OTHER SIGNIFICANT ( POST ( 190. DATE OF OPERATION	ARDIAC	Anno	3T Y	NOT RELATED TO THE TERM  CHEONIC  N WAS PERFORMED	AINAL DISEASE OR CONI	20b. IF YES,	WERE FINDIN	GS USED	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	P./	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IV IN ITEM IB PAR	RT   OR PART 2}		
	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	OF INJURY REET, FACTORY, OFFICE FARM, ETC.)  211 LOCATION STREET			CITY OR TOWN COUNTY STATE					
		220. I certify that (I) (this hospital) attended the deceased from 3 True 19 Pt 10 2 Hugust 19 Pt 10 that (I) (we) sow the deceased alive an 2 Hugust 19 Pt 19 Pt 19 Pt 19 Pt 10 pinion death occurred on the date and hour and from the causes stated above, (I) (re) (a) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR									
1		22d. PHYSICIAN'S NAME (TYPE O	TROF	A		900 CA	run Avs.	ST. A	oves t	pspirar	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

or offending physicion

etoined by the hospital

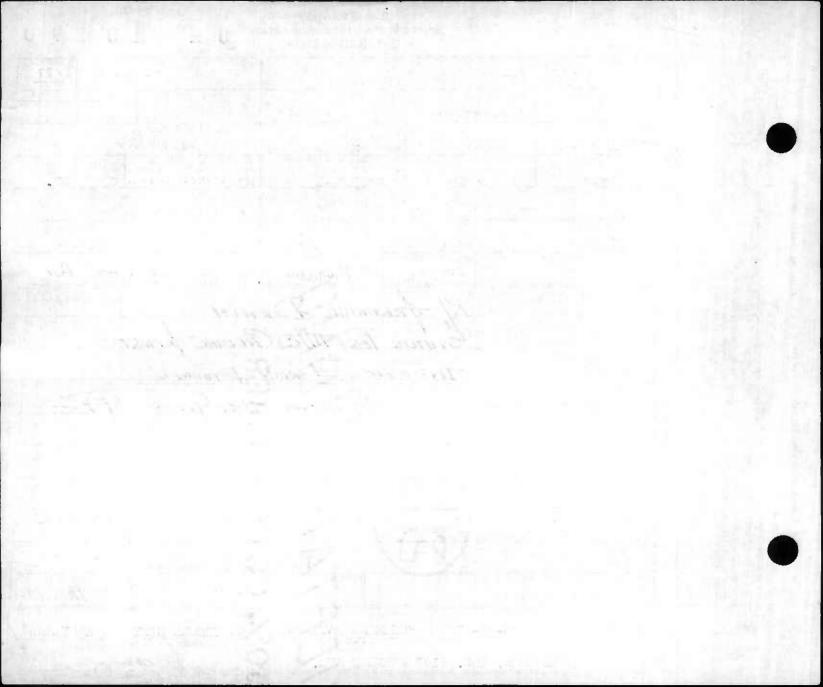
23a Burial, cremation, removal (Specify) **BURIAL** 23b. DATE 08-05-82 23c NAME OF CEMETERY OR CREMATORY BOHEMIAN NATIONAL 21229

23d LOCATION
CITY OF TOWN

BALTIMORE CITY

MARYLAND

24 FUNERAL DIRECTOR HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1, and 2 should be filed within 72 hours aftwith the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

within 24 hours after death. Page 4 may be

	SIAIL OI MARTENIE
FOR	DEPARTMENT OF HEALTH AND MEN
STATE	
REGISTRAR	CERTIFICATE OF DEA

STATE OF MARYLAND TAL HYGIENE TH

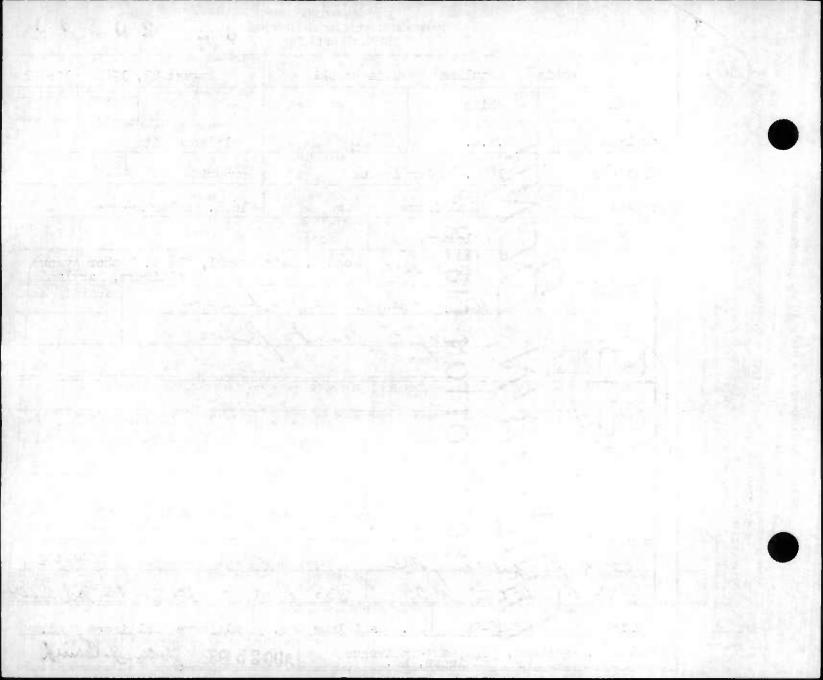
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						REG. NO.			
	CEASED NAME FIRST		WIDDLE	·	AST	20. DATE OF DEATH MONTH	H DAY YEAR	2b. HOUR	
TITPE	Soph	ia :	Pauline	Kwia	tkowski	August 2	23, 1982	10:40P	
3. SE>		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHOAY)			
	Female	W	hite	Ž. MONTH	7^4 89	93	MONTHS DAYS	HOURS MIN.	
BI	IRTHPLACE (STATE OR FOREIGN	75 CITIZEN	OF WHAT COUNTR	-	1 0/	9 BALTIMORE CITY OR CO	YRS.		
	aryland		S.A.	MARRIEI	NEVER MARRIED				
	ITY OR TOWN OF DEATH			WIDOWE		Baltimore C		WC	
			S. Deck		OR OTHER INSTITUTION	120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORK HOUSEWITE	(ING LIFE) 12b. KIND C	OF BUSINESS OR	
	altimore				ue	Housewife	_		
3a. S	AL RESIDENCE (IF NURSING HOLDSTATE 136. C	ME OR OTHER INSTITU OUNTY	130 CITY OR TO		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS			
la	ryland		Baltim	ore	YES X NO	716 S. Decker	. Avenue		
	ATHER'S NAME				15 MOTHER'S MAIDEN NA				
5	Stanislaus	WIDDLE	Wlodare	k	Rose	WIGDIE	LAS	ST	
a. V	VAS DECEASED EVER IN U.S	. ARMED FORCE				ADDRESS			
(Y		S. GIVE WAR OR DATE			John S. Kwia	tkowski, 716 S	. Decker	Avenue	
1		Dalu							
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly one cause	per line for (a), (b),	and (cl.)	+ 11-	1:	BETWEEN	ONSET AND DEATH	
		DIATE CAUSE (o		-> clear	is Trul	Junear -			
	4140	DUE TO	D. OR AS ALCONSEC	OLIENICE-OE	/	7 1			
	Canditions, if any, which		O, OR AS ALLONSEC	-	fret	La lune.			
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	gave rise to immediate		0)	Recor	1 Race	000.40			
3	cause (a), stating th	DUETO	D, OR AS A CONSEC	200	1 was	00.44			
Y	cause (a), stating the underlying cause last	DUETO	O, OR AS A CONSEC	OUENCE OF	1 aus	20.00			
1	cause (a), stating the underlying cause last	DUETO	O, OR AS A CONSEC	OUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1(	a)	
NOI	cause (a), stating the underlying cause last	DUETO	O, OR AS A CONSEC	OUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1(	a)	
CATION	cause (a), stating the underlying cause last	DUE TO	D, OR AS A CONSEC	OUENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY? 20b.	IF YES, WERE FIND II	NGS USED	
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O HOSPITAL

retained by the haspital ar attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

TO FLINERAL DIRECTOR. After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

With the State Dept. or over them 18 shows any IM-COTTAINT: If them 21 is marked or them 18 shows any

## STATE OF MARYLAND

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53	7
	REG. NO.
	REG. NO.

1 -	FOR STATE REGISTRAR				IEALTH AND MENT.		NE 8 2	2	0 5	9	2	
	CEASED NAME FIRST	٨	AIDDLE		MAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	JR	
		ck Will	iam Lammer	1			8-27-8	2			М	
1. SE		4. RACE White		5 DATE OF BIRTH  **8-11-24-1-901 YEAR			AGE (IN YEARS LAST E	YRS.	MONTHS DAYS	IF UNDER HOURS	MIN.	
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	TRY? 8  MARRIED NEVER MARRIED   WIDOWED   DIVORCED			Baltimo	OR COUNT	Y OF DEATH		MD	
10 CI	Baltimore	11. NAME OF H		HOME C	OR OTHER INSTITUTION	ON I	750 L Make	TION	126 KIND C	of Busine	ESSOR	
13a S	AL RESIDENCE HE NURSING HOME OF STATE 136 COUP		GIVE RESIDENCE BEFORE AI 13c. CITY OR TOWN	DMISSION)	139 INSIDE CITY FIN	AITS?	3e. STREET ADDRESS	Conkli	no Sto	-212	24	
	Frederick W. L	mmers	LAST				Berends		LA.	ST		
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? /E WAR OR DATES)	215-03-7	11 NO.	Mr. Elm	er (h	eezum -/0	ress 00 Wed		Rd.		
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly one couse per D BY: TE CAUSE (a)	Inefor (a), (b), and (	die	1 Info	rct	104		APPROX BETWEEN	ONSET AND	DEATH	
	Conditions, if ony, which (b) ASCV 1) I SEASE								es to k	- THOU	vn	
	gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF											
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101											
CERTIFICATION	19a. DATE OF OPERATION	19b CONDI	TION FOR WHICH O	PERATIO	ERATION WAS PERFORMED 200 AUTO			IN CERTIFYING CAUSES OF DEATH?				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		A. MONTH DAY	YEAR	21c. HOW INJURY O	OCCURRE	CENTER NATURE OF INI					
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C		M, ETC)	211 LOCATION STREET	15	CITY OR T	OWN	COUNTY	S	TATE	
	220. I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no	A40.7	19 5	-	76 192 nd that in (my) (our) o	pinion de	to Aug oth occurred on the	date and hou	19 £ Z			
	78 SIGNATURE 79	1. Das	les	M	DEGREE  ATTENE PHYSIC  172 ADDRESS			AFF ICIAN 🗌	ALIO A	SIGNED 28	17/2	
	Jasan H. G	30 EKe	( M)	)	6375	Con	Kline	Sril	32111	'ld .:	21224	
(	Burial Burial	236. DATE 8-31-8	32 23t NA	ak L	awn (em.	TORY	23d LOCATION CITY OR TOWN	to. M	COUNTY	S	TATE	
24 FU	John C. Miller	Inc641	15 Belair	Rd	21206	SEP	1 1982	R 256 REGIST	TRAR'S SIGNAT	yre shel	4	

DHMH - 16 50M 1/81 (VRA 15, 4)

etcined by the hospital or attending physician

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fushauld be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remayol.

any injury, ar other traumotic event, the medical

with the State Dept. or neuman.

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	2	0	5	9	170
				_		_

	REGISTRAR			CERTIF	ICATE OF DEATH	J	REG. NO.	60	0		9	
	CEASED NAME FIRS	15	MIDDLE	(	AST	2a DATE OF D		ONTH DAY	YEAR	2h HOUR	?	
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3 SE	x	4. RACE		S. DATE C		6 AGE INYEA	RS LAST BIRTHD	DAY) IF U	INDER I YEAR	IF UNDER 2	MIN.	
	Female	Whi	te	Mai	rch 12, 1912	70		YRS	INS DATS	HOURS	MIN.	
	IRTHPLACE (STATE OR FOREIG	N 76 CITIZEN OI	WHAT COUNTRY	Y? 8	D NEVER MARRIED	9 BALTIMORI		COUNTY OF	DEATH			
1	Manufand	1/5	A	WIDOWE			Balti	more (	ity		MD.	
10 C	ITY OF TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OC			125 KIND O	F BUSINES	SOR	
1	Baltimore	2315	Washings	. 01	d. Balto. Md.	Homen						
13a.	AL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION			13d. INSIDE CITY LIMITS?	13e STREET AD	DDRESS					
	laryland		Baltimon	re	YES KOK NO	2375 4		igton I	Blvd.1	Balto	.Md	
14. F/	ATHER'S NAME	MIDDLE	, LAST		15. MOTHER'S MAIDEN NA	AME	MIDDLE			_		
	Frank		Driv		Hatt	ie -			known	L		
	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES!	166 SOCIAL SE		17 INFORMANT		ADDRESS					
	No		215-76-		Garnetta Red	dmand 837	3 Oak	wood 1				
	18 CAUSE OF DEATH (En	ter only one couse pe	er line for (a). (b),	ond (c)	Thrombosis	Magazi				MATÉ INTERV. ONSET AND D		
	IMMI	EDIATE CAUSE (0)		oriar y	THE OWNOR TO	massi	ve		21	nours	5	
	4100	DUE TO, O	OR AS A COMSEG	DENCE OF	. D.				-			
	Conditions, if ony, which	ch (b)							)	year	-S	
	couse (a), stating the	he DUETO	DR AS A CONSEQ	UENCE OF								
		(c)_										
z	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDIT	IONGIVEN	IN PART 10	31		
CERTIFICATION	190 DATE OF OPERATION	I 10h CONI	STION FOR WHIC	H OPERATION	N WAS PERFORMED	20a ALITOR	20a AUTOPSY? ZOB. IF YES, WE			ERE FINDINGS USED		
IFIC.	DATE OF OTERATION	172 CON	JIIIOIT OK WIIIC	THO ERATIO	WAS FERI ORMED		11	NCERTIFYIN	NG CAUSES OF DEATH?		1?	
ERT	210. ACCIDENT WAS UNDERLYIN	G 71b. TIME	OF INJURY		21c. HOW INJURY OCCUR		NO DE INITIES II	YES [	OR PART 21	NO 🗌		
	OR CONTRIBUTING CAUSE	OF DEATH HOUR	M.M. MONTH			TED (EINTERNATION	NE OF HAJORY II	THEN IS TAKE	OR PART 2)			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		OF INJURY	19	21f. LOCATION	<del></del>	-				_	
ME	WHILE NOT WHILE	CAT HOME S	TREET, FACTORY, OFFICE	E, FARM ETC	STREET		CITY OR TOWN		COUNTY	STA	ATE	
	220 I certify that (I) (this	hospital/Ontreaded t	he decented from	00	1942 10	7	. 30	10	82	ab	->1 -	
	saw the decensed ali	venn	10		d that in (my) (our) opinion			and hour on		that (I) (we couses state	,	
	obove, (I) (we) (did) (did) (did)	did not) view the bod	y ofter death.		DEGREE	_			22c. DATE			
	West &	00.00	LL		ATTENDING	MEDICAL	STAFF		8.23.82		32	
	774 PHYSICIAN'S NAME	TYPE OR PRINT	-		PHYSICIAN 5	PIRECTOR	PHYSICIA	м 🗌		~ ) • 0		
	Paul Sah	onfeld.	M A		407 Cagin	Highway	Glon	Bunn	ie M.	2106:	1	
23a. E	BURIAL, CREMATION, REMO		1.0.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATI		. 50.00	20,720			
	(SPECIFY) Burial				redral (emt.		NWOT	M	YINUC	) STA	TE	
	UNERAL DIRECTOR	14.71			25a: DA1	TE REC'D. BY REC	more. GISTRAR 256	GISTRAR	ES SIGNAL	URE -	h	
Me	Cully Funera	L Home, 13	O E.Fort	Ave. Be	alto. Md. Til	6 25 19	82	John	2. C	ewell	L	
-		-	-		1110	7 2 0 10	/	/				

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

retained by the hospital ar offending physicion.

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STATE OF MARYLAND

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1 -	FOR STATE REGISTRAR
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

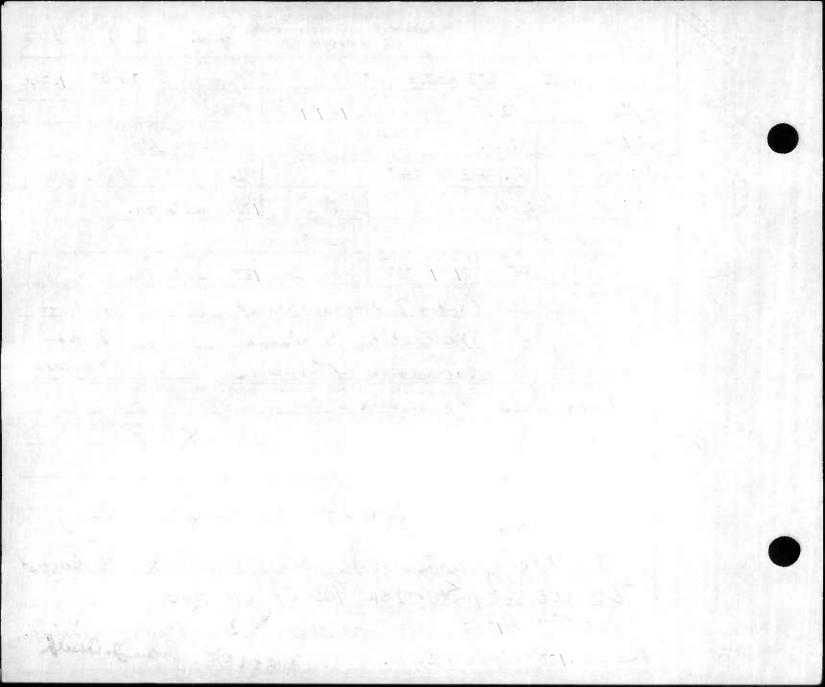
0	2 REG NO	63	0	2.00	0	The state of
8	60	Cine	U	5	1	I.
	REG. NO					

NE O ISTRUM							REG. I	NO.				
1. DECEASED NAME	FIRST	MIDD			AST		26 DATE OF DEATH	HINOM	DAY	YEAR	26 HOU	JR
	MARY		ZABETH		LANG			8	10	82	1:	30 PM
3. SEX	4 RAC			5. DATE C			6 AGE (IN YEARS LAST B	IRTHDAY[	MONTHS	ER I YEAR	HQURS	MIN,
Female		rite	- 4	Jul	ly 14, 1918		64	YRS				
MOUNTRY)			AT COUNTRY?	MARRIEI	NEVER MARRI	ED 🗆	9 BALTIMORE CITY	_		EATH		
Maryland  OCITY OR TOWN OF DI		S.A.		WIDOWE			Baltimor		y			MD
Baltimore	S	NOT H SUCH FAI	CILITY GIVE STREET	DDREGS)	OR OTHER INSTITUTION	ON	120. USUAL OCCUPA (TYPE OF WORK FOR MOST LEVE		LIFE DE	SUSTRY S	tore	ess or
SUAL RESIDENCE (IF NU 130 STATE Maryland	RSING HOME OF OTHER I	139	RESIDENCE BEFORE CITY OF TOWN		13d. INSIDE CITY LIA	AITS?	1220 France	is Av	e.			
Rather's Name Rupper	t Amey MIDDLE		LAST		Anna McK		WIDDLE			LAS	Т	
(YES, NO OPJUNKNOWN)	R IN U.S. ARMED F	D DATES)	SOCIAL SECU		17 INFORMANT		ADDI					
No	THE TEST OFFE WAR	2	19-10-3	256	George L	ang ,	1220 Franc	is Av	e.			
PART I. DEATH	PART I. DEATH WAS CAUSED BY:    MANUAL CONTROL OF THE CAUSE (a) Cardia Dulmonain arest									APPROXI BETWEEN C	MATE INTER	PVAL DEATH
Canditians, if an		UE TO, OR AS	A CONSEQUE	NCEOF	i Caro	40 00-0			6 mas			
gave rise to in	gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF								76 mos			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
P Jee	190. DATE OF OPERATION 196 CONDITION			OPERATION	N WAS PERFORMED		20a AUTOPSY?	201 IEV	EC VA/EDI	E EINIDIN	CC UCE	
HE LEGISLATION OF THE PERSON O			OFERATION			YES NO YES NO					H?	
OR CONTRIBUTION		OUR A.M.	JURY MONTH DA	Y YEAR	21c. HOW INJURY (	OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18	PARTIOR	PART 2)		
(IF EITHER NOTIFY ME		P.M.	NUUDV	19	211 LOCATION							
WHILE NOT AT WORK	VHILE (A		FACTORY, OFFICE, FA	ARM ETC )	STREET		CITY OR T	OWN	co	UNTY	S	TATE
22a.l certify that (	l) (this hospital) gtt	ug 10	19	Jule 6	. 19.	82 pinian de	ta Aug	date and he	. 19 our ond I		that (I) (v	
22b. SIGNATURE	l Wes	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						27	10 August			
120 PHYSICIAN'S N	WES	LEYO	SWIT	250	960	CAT	ON AU	15			Ö	
(SPECIFY) Buri		DATE 1/3/82	23c N GL	en Ha	EMETERY OR CREMA		Glen Bur	nie, a	coun	Arun	del.	Md.
Ambrose, In	c. 1328 Su	lphur	Spring	Rd.		Sa DATE	REC'D. BY REGISTRAI		STRARQ	Car	ill	

DHMH - 16 50M 1/81 (VRA 15, 4)

Ambrose, Inc. 1328 Sulphur Spring Rd.

TO FUNERAL DIRECTOR should be detache with the State Dep



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	Can .	5.40	12	
	DEC NIC	\		

1	FOR STATE REGISTRAR		DEPAR		IEALTH AND MENTAL HYG	SIENE 8	REG. NO.	2 (	) 5	9	6
	CEASED NAME FIR	ST	MIDDLE		AS1	2a. DATE O		DAY	YEAR	2b. HOL	JR_
(117)		LLIAM	J.	L	ANGRALL		8	9	82	26. HOL	Du
1 SE	X	4 RACE		5. DATE O	OF BIRTH	6 AGE (IN	YEARS LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER	711
2	Male	Whi		6	21 06	76	YI	RS	HS DATS	HOURS	MIN.
7 a. B	IRTHPLACE (STATE OR FOREIC	76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMO	ORE CITY OR COU	INTY OF	DEATH		
	aryland	U.S.	Α.	WIDOWE			BALTO	9	TY		MD.
P	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION		OCCUPATION	12	L KINDO	FBUSINE	SSOR
-4	altimore	(17 110) 111 30	SINA	He	1310	Super	intenden	t ]	Balto	. Tr	an.
M	aryland B	COUNTY altimore	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO	13e STREET 1260	ADDRESS Circle D	rive	212	27	-00
14. F	ATHER'S NAME	MIDDLE	1467		15. MOTHER'S MAIDEN NA	ME					
	Levin	MIDDLE	Langr	a11	Kate		MICH		Jô	hnso	n
160	WAS DECEASED EVER IN U		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS				
	YES, NOR UNKNOWN) (IF	YES GIVE WAR OR DATES)	213-05-	9246	Helen M. Lan	grall	1260 Ci	rcle	Driv	re 2	1227
CERTIFICATION	19. DATE OF ORERATION 210. ACCIDENT WAS UNDERLYIN	DUE TO, C  St. (c)  ANT CONDITIONS C  19b COND  NG   21b TIME C	ON AS A CONSEOU PANCO ONTRIBUTING TO UNITION FOR WHICH WALL OF INJURY	DEATH BUT	NOT RELATED TO THE TERM  NOT RELATED TO THE TERM  WAS PERFORMED  WAS PERFORMED  TO THE TERM  TO	200 AUTO	OPSY? 20b. IF	YES, WE	RE FINDING CAUSES	IGS USE	TH?
	OR CONTRIBUTING CAUSE	OI OLAIN	.M. MONTH [	DAY YEAR	V 500						
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET		CITY OR TOWN	C	OUNTY	S	BIATE
	224 - 444 (1) (1)										
	228. PHYSICIAN'S NAME	(TYPE OR PRINT) KA	INE V	W	22e ADDRESS SINA	Hos	PITAL			1 2	
23a	BURIAL, CREMATION, REM	OVAL 23b. DATE	23t.	NAME OF C	EMETERY OR CREMATORY	23d LOC/					
	(SPECIFY) Burial	8/12/	82 L	oudon	Park Cemetery	Bal	timore	COL	JN]Y	Mary	land

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

VO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the haspital ar attending physician.

injury, ar other traumatic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows any

24 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250 DATE REC'D. BY REGISTRARY SEGISTRARY SIGNATURE

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	STATE OF MARYLAND	
DEPART	MENT OF HEALTH AND MENTAL HYGIENE	
MEDICAL	EXAMINED'S CEPTIFICATE OF DEATH	

FOR		D	PEPARTMENT O	FHEALTF	I AND MENTA	LHYGIEN	NE .	0 0	( 140	13	-7
STATE REGISTRAR		MEC	DICAL EXAMI	NER'S	ERTIFICATE	OF DE	TH REG.	NO U	5	7	/
1. DECEASED NAME	FIRST		WIDDIE		LAST		20 DATE KNOWN OF ESTI-	MONTH	DAY	YEAR	2b. HOUR
	JOSEPH	HINE	Eva	1	ANGSTON		DEATH MATED	□ 8	3 1	982	M
3. SEX 4.		5. DATE OF BIRTH		THDAY) MONTH		DER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY	YEAR	
	Black	11 7	1925 56		DATS HOURS	MIN.	DEAD	8	3 1	9 82	B:03
BIRTHPLACE (STATE	i OR 7	76. CITIZEN OF WH		8 MARR	IED ANEVER MA	RRIED	9. BALTIMORE CIT	Y OR COUNT	Y OF DE	ATH	
Maryland	-	U. S		WIDOW		DRCED	Baltimo	re Cit	У		MD.
Baltimore	e	Lutheran	PITAL, NURSING HO/ CILITY, GIVE STREET ADDRESS 1 Hospital	55)	ER INSTITUTION	FOR	UAL OCCUPATION ( MOST OF WORKING LIFE) SEWITE	TYPE OF WORK	OR I	OF BUSTR	SINESS
SUAL RESIDENCE (# 130 STATE Maryland	IN NURSING HOME OR C	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIT 130. CITY OR TOWN Baltimor	ISSION)	13d. INSIDE CITY LIMITS	;   13e. STR	REET ADDRESS 40. timore,	06 No Maryl	rfo and	lk 21	Ave. 216
14. FATHER'S NAME Robert		MIDDLE	LAST	0	15. MOTHER'S MA	IDEN NAMI	E MIDDLE		Cart	ST	
RODERU		W.	Lewis		Anna	Dal +3	*** O *** A D D B I				A ===0
(YES, NO, OR UNKNOWN	(IF YES, GIVE WA						more, ADDRI				
-			216-24-3		MISS 000	anna	Tallgacor	1 400			
PART I DEAT	TH WAS CAUSED B	RY.	far (o), (b), and (c).)								
210	MMEDIATE		Abdominal AS A CONSEQUENC		with cor	nplica	tions		-		
Conditions,	if any, which	DUE TO, OR A	45 A CONSEQUENC	EOF							
gave rise	to immediate a	(b)	AS A CONSEQUENC	25.06					-		
lying cause		DOE 10, OK 2	12 A CONSEQUENC	EOF							
PART 2 DIHER SIGNI	FICANT CONDITIONS CO	(c)	BUT NOT RELATED TO THE TE	EDMINAL DISEAS	E OP CONDITION GIVEN II	N BART 1 (a)			1		
	TOMOTO COMMITTED TO	TIKIBUTING IN MENTIL	DI NOI RECALLO IO INC. IL	KMINAL WILLIAM	I OK COMPILION OFFER IN	I PART 1 tot					
19a. DATE OF O	PERATION	19b. CONDIT	ION FOR WHICH OP	PERATION W	/AS PERFORMED?				20 AU	TOPSY?	,
SE SE									YE	s 🗆	NO X
210 EXTERNAL	-	216. TIME OF	INJURY MONTH DAY YE	21c H	OW INJURY OCCUI	RRED LENTER	NATURE OF INJURY IN ITEM	18 PART I OR PAR			
UNDERLYING CONTRIBUTING	LXI OR G ☐ CAUSE OF DE	EATH 11: 15%	x 7-4- 19	82 Dr	iver in a	auto/a	uto colli	sion			
- 21d INJURY OC	CURRED	21e PLACE O	OF INJURY (AT HOME,	211 10	CATION	14101	CITY OR TOWN		UNITY		CTATE
WHILE AT WORK	NOT WHILE AT WORK		oad			dmonds	on Ave. a			Ralt	
			cribed obave, held an			ction X			•		MYEAR 2d, HOUR 8:03 MTH MD.  DE BUSINESS DUSTRY  R AVE. 21216  TO AVE. TOOK
death resulted			Accident XX				termined monner	7.		,,	
	ALA /	0 -			TITLE (SPECIFY)						
ACTUAL SIGNATURE	MVV	ANN			.D. Assista	*	DICAL EXAMINER	DATE	D 8	-4-8	2
		5									
EXAMINER'S NA (TYPE OR PRINT)	Anr	n M. Dixo	n, M.D.		ADDRESS11	l Penn	St., Bal	to., M	d. 2	1201	
230. BURIAL, CREMATIC	N, REMOVAL 236	DATE 2 /7 /00	23c NAME OF C		R CREMATORY		OCATION	Count	VIY	STA	ATE and

ADDRESS MANYLAND

FUNERAL HOME 3035 W. NORTH AVE

DHMH - 17 (VR A15 ME (5))

20M 4/82

24. FUNERAL DIRECTOR

ti infant 3004 ISTS conferns, coomering & street to . Leels 12, Anna Charles In Sylvet Ave LL - Car Hills Jeanna Lingston 2010 Schrolle emailing the second of the sec moy be

\*EXAMINER 4 Sert OFFICE ted within 24 hours ofter death. Page 4

ATTENDING PHES TO ALLO

retoined by the hospitol or TO HOSPITAL OR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by should be detached for use as the busiol-transit permit. Then please remove carbonpapers. Pages, and 2 should be the state Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol.

injury, or other troumatic event,

MPORTANT: If Item 21 is marked or Item 18 shows ony

FOR

## STATE OF MARYLAND DED ADTMENT OF UPALTH AND MENTAL HYCIPME

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	200	ART 110  FINDINGS USED AUSES OF DEATH?  NO  ART 2)  APPROXIMATE INTERVAL  APPROXIMATE IN
	I. DEC	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		SHAWN	MICHAEL	LAVERDIERE		7, 1982	
	3 SEX	nale	White	S. DATE OF BIRTH	.0		
5	To. 811	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIED NEVER MARRIE			MD
3	10:CI	ALTIMORE	IF NOT IN SUCH FACILITY, G		12a USUAL OCCUPATI	ON 12b. KIND	OF BUSINESS OR
5	The S	AL RESILENCE IN MUREPHO HONGO		OR TOWN 13d INSIDE CITY LIM	ITS? 13e. STREET ADDRESS	mrock C.	ircle
	i4 FA	Raymond	Medie Lave	LAST diere Bren	EN NAME MIDDLE	Bela	and
2	16a. W	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCI	Raynone	1	1	H 13
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE MMEDIA)	DOV	DIO RESPIRATORY	ARREST	APPRO BETWEE	11
		Conditions, if any, which	DUE TO, OR AS A CO		ARY HOME	ERHAGE	- 6
į		gave rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF			
	NOI	PART 2. OTHER SIGNIFICANT	Conditions <u>Contributi</u>	<mark>ng to death</mark> but not related to thi	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1	(a
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES ₩ NO □		S OF DEATH?
	CAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		ITH DAY YEAR		RY IN ITEM 18 PART 1 OR PART 2)	The state of
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY	211 LOCATION	TO DATE OF DEATH MONTH DAY TEAR 78. HOUR  A LIGIST 17 1982  6. AGE (INTERNS LAST BRITION)  DAY SEAR  NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH  DIVORCED BALTIMORE CITY OR COUNTY OF DEATH  DIVORCED BALTIMORE CITY OR COUNTY OF BUSINESS OR  NET INSTITUTION 12 USUAL OCCUPATION  SPETTAL.  NSIDE CITY LIMITS?  INDUSTRY  ADDRESS  OHERS MAIDEN NAME  BALTIMORE BELLAST  MIDDLE  BALTIMORE CITY MAD.  ADDRESS  OHERS MAIDEN NAME  BALTIMORE CITY LIMITS?  INDUSTRY  MD.  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  BELLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  SPERFORMED  200 AUTOPSY?  YES NO TERMINAL PRESS  HOUR  APPROXIMATE INTERVAL  BELLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  SPERFORMED  200 AUTOPSY?  YES NO TERMINAL PRATE 7)  HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TERM IS PART 1 OR PART 7)  OCCATION  STREET  CITY OR TOWN  COUNTY  STATE  272. DATE SIGNED  272. DATE SIGNED  APPLYSICIAN DIRECTOR PHYSICIAN AND NO TOWN  REPLACED TO THE TERMINAL PRATE OF INJURY IN TERM IS PART 1 OR PART 7)  ATTENDING MEDICAL PHYSICIAN AND NO THE COUNTY  TATE  TOWN  ADDRESS  ADDRESS		
1	-	22a.1 certify that (1) (this hospi saw the deceased alive an obove, (1) (we) (did) (did no	AUG 17	19 82 and that in (my) (qur) or			, that (1) (we) last e causes stated
		22b. SIGNATURE	e Phald	DEGREE ATTEND	ING MEDICAL STAF	22c. DAT	
	J.	22d PHYSICIAN NAME (TYPE C	MALDO	NADO 220 ADDRESS 52	33 Suej	Strian	Row
	23a. Bl	URIAL, CREMATION, REMOVAL	3b. DATE 8-18-82	236 NAME OF CEMETERY OF CREMATE  57. John 5	TORY 23d LOCATION CUTY OF TOWN	ty Curry sel	11 md.
				/	IM		

DHMH - 16 50M 1/B1 (VRA 15, 4)

ES - 4 - 1 OF THE BOOK IN THE THE WAY A MARKET THE STATE OF THE STATE THE TAX TO SOLUTION AND THE TAX OF THE TAX O THE PERSON OF TH CARDIN DESIDATE OF ARREST South Book Yanamaray & Back Hille AND THE MARK AND THE PARTY OF THE BOOK OF Strike X Strike Miles Strike X Species That Country will COLORED BY ASSESSE FRANCES

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

director, po hours often

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physicion

the ottending

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or offending physician. PHYSICIAN: The

hospital

ATTENDING

please

24 within FIRST

DEPART	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2 2 0 5 9 9
MIDDLE	LAST	28 DATE OF DEATH MONTH DAY YEAR 26. HOUR
SIE	LAWRENCE	8 9 82 4:15 pm
BLACK	5. DATE OF BIRTH  MONTH  BY  S  G  G  G  G  G  G  G  G  G  G  G  G	6. AGE (INYEARS LAST BIRTHDAY)  FUNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  YRS. 3
76 CITIZEN OF WHAT COUNTRY	* MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
U, S, H	WIDOWED DIVORCED	Baltimore City, Maryland MD.
11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FAGILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS)  HOS PITA L	Domestic Pvt. Family
OR OTHER INSTITUTION, GIVE RESIDENCE BEFORMINTY	WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS Balto., Md. 21216 3924NORFORK AVE
MIDDLE HARCUN	15 MOTHER'S MAIDEN NAI	ME MIDDLE CUSTUS
RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) VD 2/4-12-7	1893 A LOIS CLARK	K 3924 NORFOLK AYE
only one couse per line for (a), (b), a ED BY: ATE CAUSE (a)	nary occlusi	ve Disease  APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUE	uence of Arterio SCL	Perosts
DUE TO, OR AS A CONSEQU	JENCE OF	
( (0)		

3. SEX To. BIRTHPLACE ISTATE OR FOREIGN COUNTRY USUAL RESIDENCE (IF NURSING HOME COLI 136. STATE 136 COL 14 FATHER'S NAME medicol 6g WAS DECEASED EVER IN U.S. A Poges (YES, NO OR UNKNOWN) 1/0 event, the 8 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED! other troumatic cremotian, Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse 0 other significant conditions contributing to death but not related to the terminal disease or condition given in part 1100 about Mellitus. Anemia Senile Dementia. Status post resp. TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu CERTIFICATION Status ony 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? If Item 21 is marked or Item 18 shows YES [ NOIL YES [ NO [ 216. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 2)c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF E)THER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an above, (1) (we) (old) (did not) view the body after death 2. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated should be detoched for with the State Dept. of H 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY

etained by DHMH-16 60M 1/73 (VR A ) 5 (4)}

8/13/82 Burial Mt. Auburn Cemeter 24. FUNERAL DIRECTOR BALTIMERE 3035 W. NOR E. NUTTER LUNGIAL HOME

Baltimore City, Maryland AUG 1 1 1982 256 REGISTRAR'S STEN PUBL

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 maretained by the hospital or attending physicion.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral divisional defeator use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 how with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

with the store Dept. ut neonin dua menton hygiene prior to burlot, cremanda, or removal. IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical even

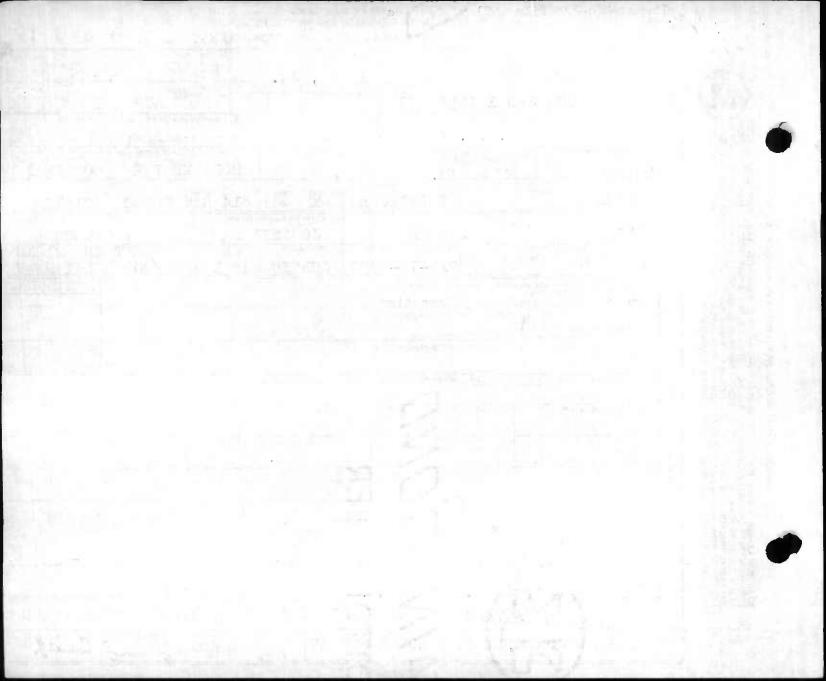
for, page 3 after death

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1.	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MEN		2	20600
	REGISTRAR  CEASED NAME FIRST TOHN	MIODLE .	LAWSON	2a. DATE OF	REG. NO.  DEATH MONTH	13/82 26 HOUR 10:504
3. SE		NEGRO	5. DATE OF BIRTH  MONTH  2 20/1	6 AGE (IN Y	EARS LAST BIRTHDAY)  YRS	IFUNDER 1 YEAR IF UNDER 24 HR
3	· Car.	CITIZEN OF WHAT COUNTRY	WIDOWED DIVOR	ED [	RECITY OR COUN	
8	AN MORE	(IF) OT IN SUCH FACILITY, GIVE TIBEE	NG HOME OR OTHER INSTITUT		OCCUPATION CFOR MOST OF WORKING	3 LIFE) 12b. KIND OF BUSINESS C
130. 5	AL RESIDENCE (IF NURSING HOME OR OT STATE 13 COUNT)	HER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) VIN 13d. INSIDE CUT L YES NO	3800	DOBES BEL	VEDEDEAN
F	rank	DDLE LAST	uson Jani	IDEN NAME	WIODLE	LAST
	VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W			ma Lawson	address n-3800 Be	LIVEDERE AVE.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, ORAS CONSESSO (c) MS WITH TO	ENCE OF POUR DEATH BUT NOT RELATED TO 1	MATTER MATTER SERVICE TERMINAL DISEASE	OR CONDITION (	GIVEN IN PART 1(0)
CERTIFICATION	19a date of operation	19b. CONDITION FOR WHICH	OPERATION WAS PERFORME	20a AUTO	PSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR 19	OCCURRED (ENTER NA	TURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)  211 LOCATION STREET	C (2)	CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (this haspital saw the deceased alive on above. (I has) (did) (did)	attended the desecked from	, and that in (my) (aur)	opinion death accurre	d on the date and h	, that (I) (methodour and from the causes stated
	27 SIGNAJO MINOUL	ELMO.		IDING MEDICAL	STAFF PHYSICIAN	8/13/80
	PHILIP F, BA	ROMOWITZ, 1	M, D 2435	W. Ba	reler	e Que #40
23a. 8	BURIAL, CREMATION, REMOVAL	23b. DATE / 23c.	NAME OF CEMETERY OR CREM	ATORY 23d LOCA	TION	
	SPECIFY) BUNIAL  JNERAL DIRECTOR	8/17/82 Ki	ng Mem. R	Bay 25a. DATE REC'D. BY R	to. Mo	COUNTY STATE

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20M 4/82



To Decease name   Procession	10	1	Item #6 Film G FOR STATE 11-4-82 REGISTRAR		S. DOEST BIRTH   1911   S. AGE (INTERSLAST BERTHAM)   P. UN   P. CONTROLL   P. CONTR	0 6	5 0				
A. BRITHPLACE (STATE ORIGINAL POPERATION)  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  12 SUNAL FLOOR STATE OR OTHER INSTITUTION  13 SUNAL CCUPATION  14 FAITHER'S DEATE OF WORKING STATE ORIGINAL PROPERTY OF STATE OR OTHER INSTITUTION  14 STATE OR OTHER STATE ORIGINAL ORIGINAL PROPERTY OR OTHER INSTITUTION  15 STATE ORIGINAL PROPERTY OR OTHER INSTITUTION  16 STATE ORIGINAL PROPERTY OR OTHER INSTITUTION  16 STATE ORIGINAL PROPERTY OR OTHER INSTITUTION  17 SUNAL FLOOR STATE OR OTHER INSTITUTION  18 FAITHER'S DEADER OF WORKING STATE OR OTHER INSTITUTION  19 STATE OR OTHER STATE OR OTHER INSTITUTION  10 STATE OR OTHER STATE OR OTHER INSTITUTION  10 STATE OR OTHER STATE OR OTHER INSTITUTION  11 STATE OR OTHER STATE OR OTHER INSTITUTION  12 STATE OR OTHER STATE OR OTHER INSTITUTION  13 MANDAL PROPERTY OR OTHER INSTITUTION  14 STATE OR OTHER STATE OR OTHER INSTITUTION  15 MANDAL PROPERTY OR OTHER INSTITUTION  16 STATE OR OTHER STATE OR OTHER INSTITUTION  17 MANDAL PROPERTY OR OTHER INSTITUTION  18 FAITH DEATH OR OTHER STATE OR OTHER INSTITUTION  19 MANDAL PROPERTY OR OTHER STATE OR OTHER INSTITUTION  19 MANDAL PROPERTY OR OTHER STATE OR OTHER INSTITUTION  10 STATE OR OTHER STATE OR OTHER INSTITUTION  10 STATE OR OTHER STATE OR OTHER INSTITUTION  11 STATE OR OTHER STATE OR OTHER INSTITUTION  12 STATE OR OTHER STATE OR OTHER INSTITUTION  13 MANDAL PROPERTY OR OTHER STATE OR OTHER INSTITUTION  14 MANDAL PROPERTY OR OTHER STATE OR OTHER INSTITUTION  15 MANDAL PROPERTY OR OTHER STATE OR OTHER INSTITUTION  16 STATE OR OTHER STATE OR OTHER STATE OR OTHER INSTITUTION  17 MANDAL PROPERTY OR OTHER STATE OR OTHER STATE OR OTHER INSTITUTION  18 FAIL DEATH OR OTHER STATE OR OTHER		JIYP	E OR PRINT) Myer	4 RACE	MIDDLE	Lea	ice	20 DATE OF DEATH	8 3	IF UNDER I YEAR	R IF UNDER 24 I
18. CITY OR TOWN OF DEATH	NA)	a. 8	COUNTRY			8. MARRIE	X XXX XXXX  DXX NEVER MARRIED	9 BALTIMORE CITY	_	OFDEATH	HOURS
BALTO. BALTONE	12	1	BALTIMORE	11. NAME OF	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET INAI HOSP	OG HOME ( ADDRESS)  ITAL		120. USUAL OCCUP.	ATION	12h KIND	OF BUSINESS OCER
BENJAMIN  LEACE  HANNAH  WAS DECEASED EVER IN U.S. ARMED FORCES? IFEN SOCIAL SECURITY NO. ITS NOOS. SENSON IN U.S. ARMED FORCES? ITS NOOS. SENSON IN U.S. ARMED FOR IN U.S. ARMED FORCES? ITS NOOS. SENSON IN U.S. ARMED FORCES. ITS NOOS. SENSON IN U.S. ARMED FORCES? ITS NOOS. SENSON IN U.S. ARMED FOR IN U.S. ARMED FORCES. ITS NOOS. SENSON IN U.S. ARMED FOR IN U.S. ARMED	35	1,3a N	IARY LAND BA	UNTY			YES NOAT		RTNER I	RD. #2	21209
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DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, if any, which gove rise to immediate cause for independent of the conditions, if any, which gove rise to immediate cause for individual to the conditions of the condit	2							-		, MD 2	21209
Discrets Mellitus  19a DATE OF OPERATION   19b CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b IF YES, WERE FIND IN CERTIFYING CAUSI YES   NO   YES   YES   NO   YES	int, cremation, or remova or other traumatic event, t		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	SED BY:  ATE CAUSE (a)_  DUE TO, (  (b)_  DUE TO, (  (c)_	Cavdiac , OR AS A CONSEQUE PUMONA OR AS A CONSEQUE Renal	Arres	, ?vna /l			3.	whate intervi
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTE'S MEDICAL EXAMINER)  P.M.  19  11. INJURY OCCURRED  WHILE AND WHILE AND WHILE ALL WORK  A WORK  270.1 certify that (I) (this hospital) attended the deceased from  sow the deceased alive an  above, (I) (well did (did not) the five body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 20  1270. ADDRESS  1270. ADDRESS	siene prior to bu	IFICATION	Diabetes	Mellitus	>			20a AUTOPSY?	20h IF YES	S, WERE FINDI	INGS USED
270.1 certify that (1) (this hospital) ottended the deceased from sow the deceased alive an 930 1982, and that in (my) (our) apinion death accurred an the date and hour and from the d	Aed or lless 18 s		OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	A.M. MONTH DA P.M. E OF INJURY	19	21f. LOCATION				STA
THE PHYSICIAL S NAME (TYPE OR PRINT) 270 ADDRESS			220.1 certify that (1) (this hose sow the deceased alive above, (1) well (did) (did	on	8/30 19 8		DEGREE ATTENDING _	MEDICAL SI	date and hou	r and from the	that (I) (we couses state
Clifford C. Amend  Sina: Hospital  236. BURIAL, CREMATION REMOVAL 235 DATE 1,1982 RNESSETH ISRAEL  236. BURIAL CREMATION REMOVAL 255 DATE 1,1982 KNESSETH ISRAEL  ANNAPOLIS ANNENIAR	/ POR #	73a F	Cliffe	ord C.1		JAME OF C	Sinai Hos	pital			

SFP 81982 John & Charles

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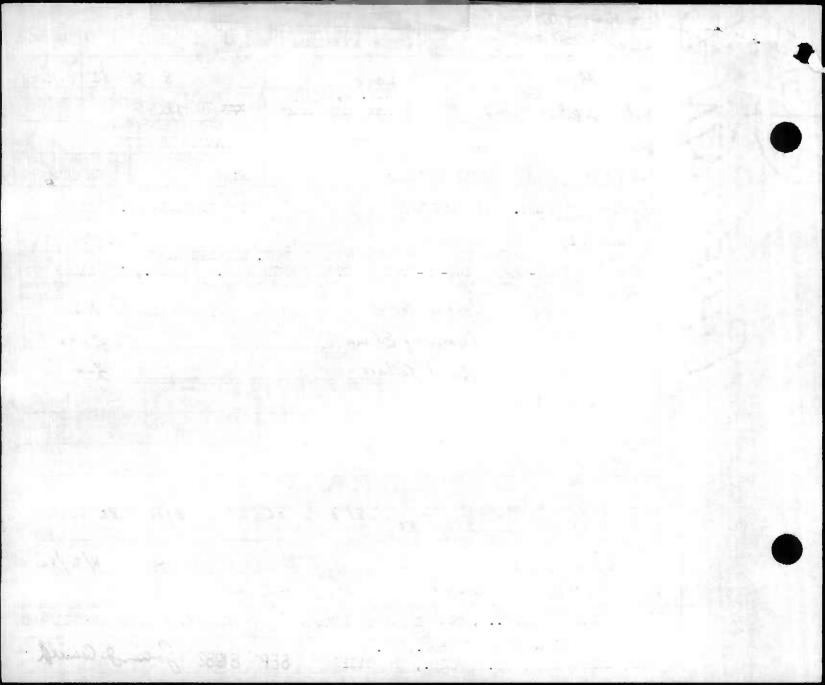
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SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO., MD 21215

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR



executed within 24 hours ofter death. Page 4 may be

completely filled in by the funeral s and 2 should be filed within 72

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physician

should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol. cremotian, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be

retained by the haspital or attending physician

10	1.	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	0 6	REG. NO.	2 0	6	0	MD.  MD.  MER 24 HRS  MIN.  MD.  NESS OR  SING  ATHR  STATE  We lost stated
		CEASED NAME	ME TIEST COPPORT TO THE TIEST OF WHAT COUNTRY?  BY STATE OF POORE ON THE TIEST OF THE TIEST O										
M	3. SE			RACE		5. DATE C	DF BIRTH			IF UNDER		IF UNDER	
5		RTHPLACE (STATE ORI	FOREIGN 76			8. MARRIE	D NEVER MARRIED	9. BALTIMORE	CITY OR COUN	TY OF DEA			MD.
44	ВА	ITY OR TOWN OF DEA LTIMORE		TRUCHAI	ON MEMORI	G HOME C	OR OTHER INSTITUTION	(TYPE OF WORK FOI	R MOST OF WORKING	LIFE) INDL	STRY		
35	130. S Ma:	ryland	136 COUNTY		13c CITY OR TOW	N	YES 📉 NO 🗌	634 G		Aver	nue		
300	14 FA	Patrick	MIC	DLE	O'Neill		FIRST	M	AIDDLE	9			131
e medico	160 V	vas deceased ever yes no or unknown) NO						each, J		Foreh			
r, or other traumotic			nediate g the last	DUE TO, O	Pancy P	Pancy topo mià s a consequence of							
ows ony injury	CERTIFICATION	190 DATE OF OPERA						200 AUTOPS	Y? ZOb. IF Y	res, were Tifying C	FINDIN	IGS USE OF DEA	TH?
marked or Item 18 sh	MEDICAL CER		CAUSE OF DEATH	HOUR A. P. 21e. PLACE	M. MONTH DA M. OF INJURY	NJURY 216. HOW INJURY OCCURRED (ENTERNATION 19)							STATE
. 2	W	22a.1 certify that (1), saw the decease	this hospital	Dattended th	ne deceased from	8/0	7	, ta	8/15	. 19_82	, t	RT I(a)  IND INGS USED USES OF DEATH? NO  It is state  That (i) we last in the causes stated	
.NT: If Item 21		Dame	I hu.	Zese	•		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	DISEASE OR CONDITION GIVEN IN PART 1(a)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DISEASE OR CONDITION GIVEN IN PART 1(a)  A AUTOPSY?  SO NO YES NO ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2)  CITY OR TOWN  COUNTY  STATE  CONTRACTOR OF INJURY IN ITEM 1B PART 1 OR PART 2)  CITY OR TOWN  COUNTY  STATE  DICAL STAFF ECTOR PHYSICIAN 220. DATE SIGNED				
MPORTANT:					M.D			MORIAL HO	OSPITAL				

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY Aug. 18, '82 Dulaney Valley Mem.

24 FUNERAL DIRECTOR William E.

Johnson 8521 Loch Raven Blvd

yMem. Gar. Balto. Co., MD

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AUG 16 1982







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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumotic event, the m

PHYSICIAN: The ottending physicio

ATTENDING

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

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l	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	Sa V	0	0 0	
I	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIOOFE	U	AST	20. DATE OF DEATH	~		26 HOUR	
l	WINNIE	C		ee	8	,	2	8 P	M
I	1 SEX 4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER		HOURS MIN	_
I	Female B1	lack	7	27 22	6	O YRS.	UATS	HOURS MIN	
J	To BIRTHPLACE (STATE OF FOREIGN 76 CITIZ	EN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR		ATH		_
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4	pairine /	rovedent	191	sprike					_
1	1SUAL RESIDENCE (IF NURSING HOME OR OTHER INS 130. STATE 13b COUNTY	13c. CITY OR TOWN	٧	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS				
1	Mayland	Baltimo	re	YES XX NO	3407 Denn	lyn Roa	d		
Ī	14. FATHER'S NAME FIRST MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST		_
	Jessie	Cox		Louisa	Middle		Tay		
1	160 WAS DECEASED EVER IN U.S. ARMED FOR		RITY NO.	17 INFORMANT	ADDRES		247		_
١	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D	218-18-	9958	Marlene L.	Furner 264	7 Gateh	ous	e Dr.	
1		<del></del>		Mariene 200				MATE INTERVAL	_
I	18 CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:	( no	1.	Rulanin	· 7211	Bi	TWEEN O	NSET AND DEATH	_
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ı	underlying couse lost	10 Chrone	i	uca Di	seasa				_
	PART 2. OTHER SIGNIFICANT CONDITION	ons <u>contributing</u> to d	EATH BUT	NOT RELATED TO THE TERMI	inal disease or cond	ITION GIVEN IN P	ART I/o		Т
	190. DATE OF OPERATION 196  210. ACCIDENT WAS UNDERLYING 716.								
	I 19a DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C			
	Ĕ				YES NOT	YES T	AUSES (	NO [	
1	21a. ACCIDENT WAS UNDERLYING 21b.	TIME OF INJURY		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR F	ART 2)		_
	OR CONTRIBUTION CAUSE OF COLUMN	DUR A.M. MONTH DA							
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. (AT)	P.M. PLACE OF INJURY	19	21f LOCATION					_
Ì		HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOWN	COUR	YTY	STATE	
	AT WORK AT WORK			0 60	67 1	2	201 3		_
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1	sow the deceased alive on obove, (I) (we) (did) (did not) view th		, on	d that in (my) (our) opinion d	seoth occurred on the dot				
1	2/b) SIGNATURE		- [	DEGREE			. DATE S	IGNED	
	Vinday F.	Han an	-61	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		3-11	6-82	,
1	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	,		22e ADDRESS		•			_
	Someton 1.	Howand	nus	26006,50	Atu Pana	/			
+	23a BURIAL, CREMATION, REMOVAL 23b. D		IAME OF C	EMETERY OR CREMATORY	1236 LOCATION				_
			1to		CITY OR TOWN	COUNTY		STATE	
		, 20,02 Da	Tro.	Nat Cem.	Ba1.		M	d	

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

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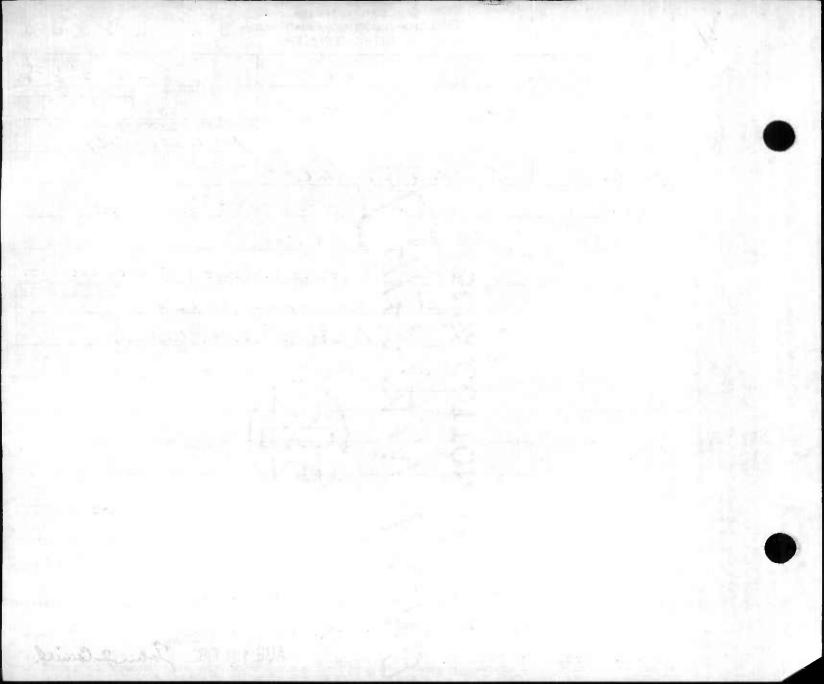
March F/H 1101 E. North Avenue

Md

1250. DATE REC'D. BY REGISTING 155 BEGISTRAR'S SIGNATURE

AUG 1 8 1982

Solve J. Cohre



PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

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### STATE OF MARYLAND FOR STATE REGIST DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR		~~~~	TEMPE OF BEATH	· REG. N	10.		
DECEASED NAME FIRST	- MIDDLE		LAST	20 DATE OF DEATH		YEAR 26 HOUE 125	
MARJ	ORIE M.	LEI	SHEAR	- 08	8 16 8	2 /23	
SEX	4 RACE	S. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER	DAYS HOURS	
FEMALE	WHITE	07	20 28	54		DATS	
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DE	ATH	
MARYLAND	U.S.A.	WIDOWI		BALTIMOR	E CITY		
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINES	
BALTIMORE	ST.	AGNES HO	SPITAL	CLERK		ANDY STO	
SUAL RESIDENCE (IF NURSING HOME BO STATE 136 CC			113d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
MARYLAND		IMORE	YES 🗶 NO		ERICK AVE	NUE, 212	
FATHER'S NAME	WIDDLE	AST	15 MOTHER'S MAIDEN N	AME		LAST	
EARL		DWIN	CATHER		U	NKNOWN	
WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDR	ESS		
NO		20-3849	JOHN F. LEI	SHEAR 2813	FREDERIC	K AVENUE	
PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(c) IT CONDITIONS <u>CONTRIBUTION</u> 196 CONDITION FOR			200 AUTOPSY? 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF			
				YES NO NO	YES [	NO [	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	URY IN ITEM 18 PART I OR F	PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY.	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COL	INTY ST	
sow the deceosed olive	spital) attended the deceased on between 1.25 p. 8.1 and view the body after death	6.19 82	nd that in (my) (our) opinion		lote and hour and fr		
22b. SIGNATURE Kaushali	ndaile.	Augs.		MEDICAL STA	FF	B./6.8	
22d. PHYSICIAN'S NAME (TY)  KAUSHALEN	DRAK. SIN	16 H.	ST. A	GNES HO	SPITAL		
BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	23d LOCATION	COUNT	v	
BURIAL	08-19-82	LOUD	ON PARK	BALTIMOR	E CITY	MARYLAN	

DHMH - 16 50M 1/81 (VRA 15, 4)

etoined by the hospital or attending physicio ATTENDING

TO HOSPITAL

should be detached for use as the burial-transit permit. Then please remove carbon papers and as with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

injury, or other troumotic event, the

24 FUNERAL DIRECTOR
NAME
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

AUG 1 8 1982

THE PARTY OF THE P AND THE PARTY OF T TO MOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 ha

etoined by the hospital or attending physicia

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

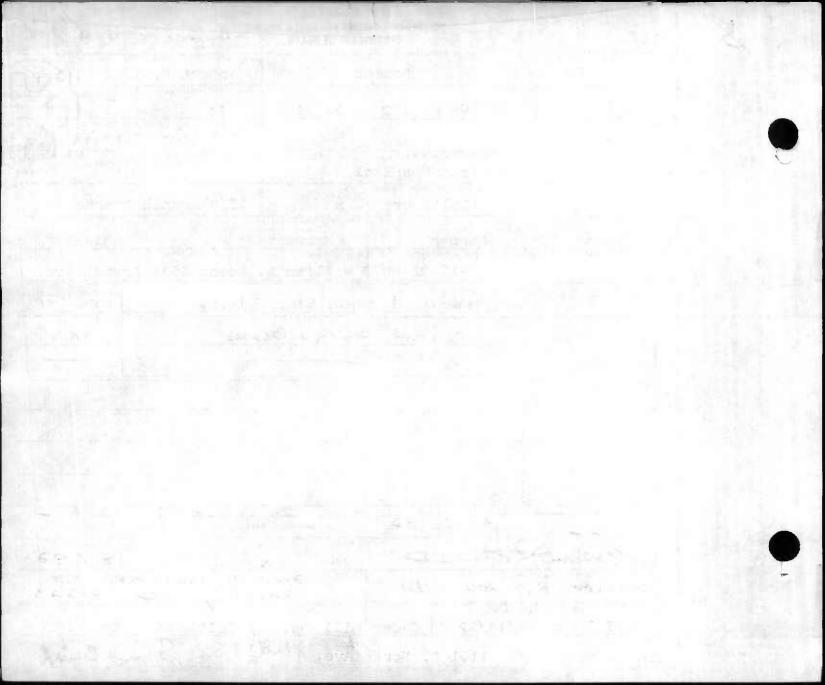
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IS NAME FRST GEORGE DECEASED EVER IN U.S. AF DORUNKNOWN)  CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	Black  7b. CITIZEN OF WHAT COUNTY  USA  11. NAME OF HOSPITAL, NOTE THAT COUNTY  LUTHERAN  OR OTHER INSTITUTION GIVE RESIDENCE  NITY  MIDDLE  Hannah  RMED FORCES?  Internal LA  Hannah  RMED FORCES?  Internal LA  LA  Hannah  RMED FORCES?  Internal LA	NTRY?  MARRIE WIDOWE NURSING HOME OF EIREFT ADDRESSI  FROM STOWN CIMOTE  LISECURITY NO.  22-087!  (b), ond (c), or other story of the s	DAY 18  14 18  ED NEVER MARRIED DIVORCED DIVORCE	9. BALTIMORE CITY OR COL Baltimore  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  13c STREET ADDRESS 2539 Aruna  AME  ADDRESS  A. Lemon 2539  Street	1982    FUNDER I YEAR   IF UNDER     MONTHS DAYS   HOURS     UNITY OF DEATH   City   INDUSTRY     INDUSTRY     Ah Avenue     Hicks		
S.C. RIOWN OF DEATH LIMOTE SIDENCE (# NURSING HOME OF PREST) GEORGE DECEASED EVER IN U.S. AF DORUMKNOWN) JEFYES, GT PART I. DEATH WAS CAUSE HANDELIA	Black  7b CITIZEN OF WHAT COUNTY  USA  11. NAME OF HOSPITAL, N (ENDINSUCHFACIUTY, GWY Lutheran  DROTHER INSTITUTION, GIVE RESIDENCE INTY  MIDDLE  Hannah  RMED FORCES? INTERVAR OR DATES)  DRIVE WAR OR DATES)  AND THE CAUSE (a)  PROCEED BY:  LA  LA  LA  LA  LA  LA  LA  LA  LA  L	NTRY?  MARRIE WIDOWE NURSING HOME OF EIREFT ADDRESSI  FROM STOWN CIMOTE  LISECURITY NO.  22-087!  (b), ond (c), or other story of the s	TAY 18  TAY 18	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS  WINTY OF DEATH City  Ah Avenue  Hicks  P Arunah Avenue  APPROXIMATE INTER		
R TOWN OF DEATH  LTIMORE  SIDENCE (IF NURSING HOME O  13b COU  R'S NAME FIRST  GEORGE DECEASED EVER IN U.S. AF  DOCUMENTOWN)  OP UNKNOWN)  FIRST  AUSE OF DEATH (Enter o  PART I. DEATH WAS CAUSE  HAMEDIA  HAMEDIA	USA  11. NAME OF HOSPITAL, N (E NOT IN SUCH FACILITY, GIVE LUTHERAN  PROTHER INSTITUTION GIVE RESIDENCE INTY  MIDDLE Hannah RMED FORCES? IVE WAR OR DATES) ED BY: LE CAUSE (a)  ROCCUMENTO OR AS A CON	MARRIE WIDOWE NURSING HOME TE SEFECTE ADDRESS) R JOWN L SECURITY NO.  22 - 087  (b), and (c),	Stam Stam	P. BALTIMORE CITY OR COL Baltimore  12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  13c STREET ADDRESS A. Lemon 2539  Street	UNITY OF DEATH  C City  INDUSTRY  Ah Avenue  Hicks  P Arunah Avenue  APPROXIMATE INTERNATIONSET AND		
SIDENCE (# NURSING HOME O 13b. COU 2'S NAME FIRST GEORGE DECEASED EVER IN U.S. AF DORUNKNOWN) (# YES, GI D'AUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE 4360	MIDDLE  MIDDLE  MIDDLE  Hannal  RMED FORCES?  INVE WAR OR DATES)  SINITY  INTERPORT OF AS A CONTROL OF A SA CO	E BEFORE ADDRESS)  E BEFORE ADDRESSION)  R JOWN  CIMOTE  ASI  L SECURITY NO.  22-087  (b), ond (c)	13d. INSIDE CITY LIMITS? YES NO D 15 MOTHER'S MAIDEN N FIRST Mernery 17 INFORMANT 9 William A Brain Stein	A. Lemon 2539	h Avenue  Hicks  9 Arunah Ave		
George DECEASED EVER IN U.S. AF DORLUMKNOWN)  CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE  4360  MMEDIA	MIDDLE Hannah RMED FORCES? 166 SOCIAL IVE WAR OR DATES) 215- INTERPORT OF THE CAUSE (a).  DIE TO OR AS A CON	IL SECURITY NO.  22-087!  (b) ond (c)    When the security securit	yes No DIS MOTHER'S MAIDEN N Merner'S 17 INFORMANT 9 William A Brain Stein	AME MIDDLE  ADDRESS  A. Lemon 2539  Style	Hicks  9 Arunah Ave		
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4360	TE CAUSE (0) ROCU	ISEQUENCE OF					
ve rise to immediate use (a), stating the derlying couse lost.	DUE TO, OR AS A CON	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)					
DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO			IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO		
CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTE (R) P.M. 21e. PLACE OF INJURY	19	21c HOW INJURY OCCU 211 LOCATION STREET	RRED (ENTER NATURE OF INJURY IN ITER			
I certify that (I) (this hosp sow the deceased alive or	5-10	19 82 or	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED		
	DATE OF OPERATION  ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DI ENTIRE NOTIFY MEDICAL EXAMINI INJURY OCCURRED  LE NOT WHILE AT WORK  CERTIFY that (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	DATE OF OPERATION  ACCIDENT WAS UNDERLYING TO ALL ON DITIONS CONTRIBUTION  ACCIDENT WAS UNDERLYING TO ALL ON DITION FOR A CONTRIBUTING TO ALL ON THE CONTRIBUTION TO ALL ON THE CONTRIB	DATE OF OPERATION  ACCIDENT WAS UNDERLYING   21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR EITHER NOTIFY MEDICAL EXAMINER)  INJURY OCCURRED  LEE NOT WHILE   21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC.)  CERTIFY that (1) (thus houseful) oftended the deceosed from soow the deceosed olive on obove, (1) (med.) and (did not) view the pady ofter deoth.  PHYSICIAN'S NAME (TYPE OR TIME AT MOTHER ACCORDANCE OF INDURY (AT HOME) AND (AT WORK)  PHYSICIAN'S NAME (TYPE OR TIME ACCORDANCE OF INDURY (AT HOME) AND	DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  ACCIDENT WAS UNDERLYING   196. CONDITION FOR WHICH OPERATION WAS PERFORMED  ACCIDENT WAS UNDERLYING   216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  INJURY OCCURRED  121e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE FARM. ETC.)  19	T 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION  DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY? 21b TIME OF INJURY ACCIDENT WAS UNDERLYING   21b TIME OF INJURY ONTRIBUTING   CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19  17c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  17c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  21d LOCATION STREET  CITY OR TOWN  21d LOCATION STREET  CITY OR TOWN  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  PHYSICIAN DIRECTOR PHYSICIAN  PHYSICIAN'S NAME (TYPE OR TIME)  22c ADDRESS 7060 W. BALT		

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME 1101 E. North Ave. March F/H

e Co. M REGISTRAR S SIGNATURE — 25APAGREC'D BY BEGISTRAN

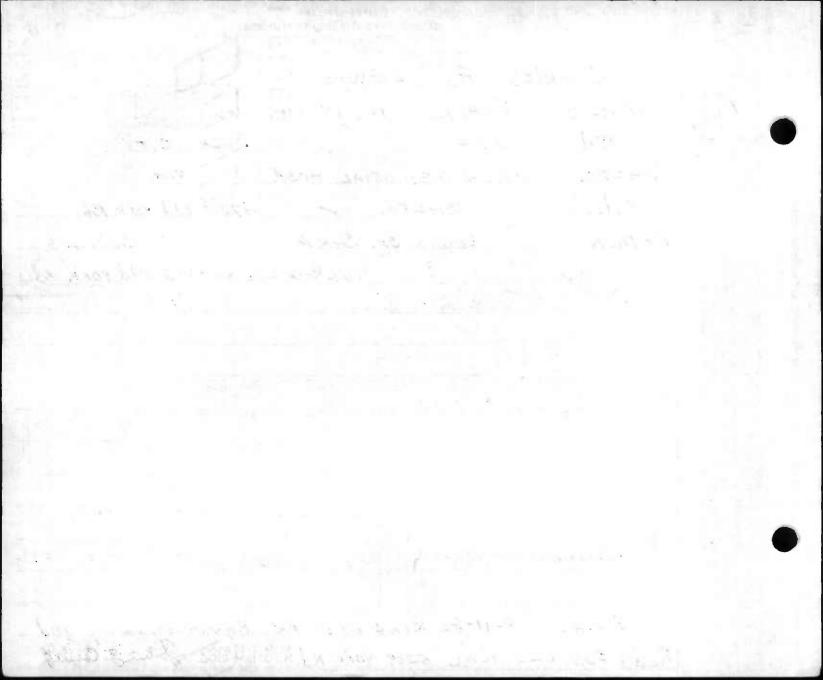


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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALLIMORE, MARYLAND 2120	S
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after cretained by the haspital ar attending physician.

DHMH - 16 60M 7/73 (VR A 15 (4))

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		em 2a #G570 8/3	, -	PARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY	GIENE 8 9	2 0	5 0 8	
-		REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	NO.		
		CEASED NAME FIRST	MIDDLE		LAST	20. PATE OF DEATH		EAR 2b. HOUR	
	TYPE	OR PRINT)	lor a	16		\/	8 6 8	2	
	3 SE	Charl	I RACE	L =	WIS	( ) CF			
	3 SE	no 0 / 11	RACE O 1	5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BI	MONTHS	DAYS HOURS A	
M I		MALE	DLACK	11	18 1915	66	YRS.		
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	тн	
-25		md	U. S. A.	WIDOWE		BALTO	CITY		
7.1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME	- band		TION 12b. K	IND OF BUSINESS	
44		RAITA	(IF NOT IN SUCH FACILITY, GIVE	-	Hara	(TYPE OF WORK FOR MOST		ISTRY	
5-	OSU	AL RESIDENCE (IF NURSING HOME O		EMOR	IAL HOSP.		et.		
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2	14. FA	THER'S NAME	MIDDLE LAS	57	15 MOTHER'S MAIDEN NA	MIDDLE			
500	P	RthuR	1 Pin	16 SP	SOOD	WIDDLE	00	111NS	
8 .	16a. V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17. INFORMANT	ADDR	RESS	11203	
g /	- (	(IF YES, GIV		?	1 1	11.0	- All	1 -1 -	
./		MO		,	IMPS. KOSA L	ewis - 7/a	25 Old Y	ORK KO	
+,		<ol> <li>CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE</li> </ol>	nly ane cause per line far (a),	(b), and (c).			BEI	WEEN ONSET AND DE	
e ve	IMMEDIATE CAUSE (a) Recurrent) Cerebrook Vergular Vecadents								
otic		4360	DUE TO, OR AS A CON	SEQUENCE OF				0	
E S		Canditians, if any, which	DOE TO, OR AS A COIL	SECOPENCE OF					
2	gave rise to immediate								
‡	cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF								
ă	(c)								
ury,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
ony inj	© Brinchete								
60	S	19a. DATE OF OPERATION	196. CONDITION FOR V	1%. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
× 7	T					YES NO YES NO			
8 sh	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	tund tund	- total		
E9		OR CONTRIBUTING CAUSE OF DE							
or Item 18 sh	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	121 LOCATION				
0	MEDI	WHILE OF MOTORING	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUN	TY STATE	
arke		AT WORK		1		0			
21 is mar		22a. L certify that (1) (this haspi	ital) attended the deceased	from PRE	19 69		19. 8	2, that (1) (we	
21 :	the beautiful as 7:19:								
E	above (1) (we) (did (did nat) view the bady after death.  DEGREE							DATE SIGNED	
#	deliger has attending medical staff							A L O C C	
ž	PHYSICIAN DIRECTOR PHYSICIAN							11,146	
₹ I	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS								
IMPORTANT: IF					711 W 40	ST			
3	23 a. E	URIAL, CREMATION, REMOVAL	23b. DATE	23r NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	- {	SPECIFY) D	8-11-82		0.	CITY OR TOWN	LOUNTY	STATE	
						150 1101	ISTOWN	100 1	
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73	24 FL	INERAL DIRECTOR NAME  TUNER	ADDR			E REC'D. BY REGISTRAR		SNATURE	



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PHMH - 16 50M 1/81 (VRA 15, 4)

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	REGISTRAR						REG. NO		
	ORPRINT	FIRST		AIDDLE		AST			b HOUR
	1 com	Clyde	Ma	lcom	LE	WIS	August 1	8, 1982	9:56ª
. SE)	(		4. RACE		5 DATE O		6 AGE (IN YEARS LAST BIRT		F UNDER 24 H
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	RTHPLACE (STATE (	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D & NEVER MARRIED	9 BALTIMORE CITY O		
,	Pa.			USA	WIDOWE		Baltimor	e City	
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15112	Baltimor			and Gene		spital	(TYPE DE WORK FOR MUST OF	FWORKING LIFE) INDUSTRY	
30 S	AL RESIDENCE (IF NO TATE	13b COUN	ITY	13c CITY OR TO	wn	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
	MD			Baltin	nore	YES 😿 NO 🗌		i Park Lake	Dr.
I. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	LAST	
	Malcom			Lewis	3	Emma		Lewis	s
	VAS DECEASED EVI		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRE	SS	
17	No	IF TES, GIV	E WAR OR DATES	197-20	1-972	Robin Smi	th 15 Sult	tan Ave	
	Conditions, if an gave rise to i cause (a), sta underlying cau	mmediate iting the use last	DUE TO, OR  DUE TO, OR	R AS A CONSEQU	HEOSCO JENCE OF	ereosis	Clim		
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u.	gave rise to it cause 101, state underlying cau	ny, which mmediate string the use last.  GNIFICANT C	DUE TO, OF DUE TO, OF CONDITIONS CO	ALY AJO RAS A CONSEQUE DISTRIBUTING TO MELLI	JENCE OF  DEATH BUT	NOT RELATED TO THE TERM	inal disease or cond	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S USED F DEATH?
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MEDICAL CERTIF	gove rise to iol, sto underlying counderlying counderlying counderlying counderlying counderlying DATE OF OPER SI 190. DATE OPER	ny, which mmediate thing the use last.  GNIFICANT C DAMINER CAUSE OF DEA EDICAL EXAMINER URRED  WHILE WHILE (I) (this hospit osed alive on	DUE TO, OF CONDITIONS CO.  21b. TIME OF HOUR A.P.  21c. PLACE C.  (AT HOME STR.)  201) attended the	R AS A CONSEQUENTING TO PROPERTY MANUAL PROPERTY MANUAL PROPERTY OF INJURY BET, FACTORY OFFICE,	DEATH BUT  DEATH BUT  HOPERATIO  DAY YEAR  19  EARM, ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  STREET  19  and that in (my) (our) opinion of	INAL DISEASE OR COND  20a AUTOPSY?  YES NOXX  RED (ENTER NATURE OF INJUR  CITY OR TOV	ZOD. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES  YIN ITEM 18 PART ( OR PART 2)  VIN COUNTY	FDEATH? NO STATE
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MEDICAL CERTIFI	gove rise to iol, sto underlying counderlying counderlying counderlying counderlying counderlying DATE OF OPER SI 190. DATE OPER	ny, which mmediate thing the use last.  GNIFICANT C  CAUSE OF DEA EDICAL EXAMINER  JRRED  WHILE  WHILE  (I) (this hospit assed alive on.) (did) (did no.)	DUE TO, OF (c) DUE TO, OR (c) TONDITIONS CO	R AS A CONSEQUENTING TO PROPERTY MANUAL PROPERTY MANUAL PROPERTY OF INJURY BET, FACTORY OFFICE,	DEATH BUT  DEATH BUT  HOPERATIO  DAY YEAR  19  LEARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET  19 dd that in (my) (our) opinion o	INAL DISEASE OR COND  20a AUTOPSY?  YES NOXX  RED (ENTER NATURE OF INJUR  CITY OR TOV	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES   VIN ITEM 18 PART   OR PART 2]  VIN COUNTY  19	STATE  st
MEDICAL CERTIFI	GOVE PISS TO THE SING THE S	ny, which mmediate thing the use last.  GNIFICANT C  CAUSE OF DEA EDICAL EXAMINER  JRRED  WHILE  WHILE  (I) (this hospit assed alive on.) (did) (did no.)	DUE TO, OF (c) DUE TO, OR (c) DUE TO	R AS A CONSEQUENTING TO PROPERTY MANUAL PROPERTY MANUAL PROPERTY OF INJURY BET, FACTORY OFFICE, a deceased from,	DEATH BUT  DEATH BUT  HOPERATIO  DAY YEAR  19  LEARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  STREET  19  nd that in (my) (our) opinion of the complete of	INAL DISEASE OR COND  20a AUTOPSY?  YES NOW MED  CITY OR TOV  CITY OR TOV  death occurred on the do  MEDICAL STAF.  DIRECTOR PHYSIC	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES   VIN ITEM 18 PART   OR PART 2]  VIN COUNTY  19 2 tho  te and hour and from the cau  22c. DATE SIC	STATE  ST
MEDICAL CERTIFI	GOVE FISH TO SET	IN AME ITYPE O	DUE TO, OF (c) DUE TO, OR (c) DUE TO	AS A CONSEQUENTING TO PRECEDENT OF INJURY DEFINITION FOR WHICH AND PRINCE PROCESSES OF THE	DEATH BUT TO CHOPERATIO  DAY YEAR 19  LEARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  STREET  19  nd that in (my) (our) opinion of the complete of	INAL DISEASE OR COND  200 AUTOPSY?  YES NOWN  RED (ENTER NATURE OF INJUR  CITY OR TOV  death occurred on the do  MEDICAL STAF  DIRECTOR PHYSIC  PHYSIC  1230 LOCATION	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES   YES   YES   YES   TO THE MISS PART LOR PART 2)  TO THE ALL OF THE ALL OF THE COLOR OF THE CO	STATE  ST
30 B	GOVE FISH TO STATE OF OPER SIGNATURE  190. DATE OF OPER SIGNATION OF CONTRIBUTING INFERENCE OF CONTRIBUTING INFERENCE OF CONTRIBUTING INFERENCE OF CONTRIBUTING INFERENCE OF CONTRIBUTION OF C	IN AME ITYPE O	DUE TO, OF TO THE TOTAL STREET THE PARTY OF THE PRINT)  DUE TO, OF TOTAL STREET THE PARTY OF THE	AS A CONSEQUENTING TO MELLY TION FOR WHICH TON FOR WHICH TON FOR WHICH TON MONTH DE MAN MONTH DE	DEATH BUT TO CHOPERATIO  DAY YEAR 19  EARM, ETC.)  NAME OF C	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  STREET  19  nd that in (my) (our) apinion of PHYSICIAN  22c. ADDRESS  2717 Hammo	INAL DISEASE OR CONE  200 AUTOPSY?  YES NOXX  RED (ENTER NATURE OF INJUR  CITY OR TOV  MEDICAL STAF  DIRECTOR PHYSIC  PINCEL  23d LOCATION  CITY OR TOWN  A THAR DO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES   YES   YES   YES   TO THEM 18 PART   OR PART 2]  TO THE ORD THE ORD THE COUNTY  TO THE ORD THE ORD THE COUNTY  TO THE ORD THE ORD THE COUNTY	STATE  STATE  STATE  STATE  STATE  STATE  STATE  M.D.

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DHMH - 17 (VR A15 ME (5 20M 4/82

-	1-:	FOR STATE REGISTRAR				NT OF HEAL	F MARYLAND TH AND MENT CERTIFICAT		eAth 2	REG. NO.	0	6	1 0	
- 1		EASED NAME OR PRINT)		. 0.1	WIDDLE		LAST		2e. DATE K	ESII- X	(MONTH		YEAR 2b. HO	UR
	_			hard	Ε.		Lewis		DEATH /	MATED [	8	19,		M
	Ma	1e	4. RACE White	July 6,			UNDER 1 YR. IF UI	NDER 24 HR	S. 2c. DATE PRONOUNC DEAD	CED	MONTH 8	1919	YEAR 2d. HC 82 4:5	
5	FOI	RTHPLACE (5' REIGN COUNTRY) Mary	1and	75. CITIZEN OF WI		· MA	ARRIED NEVER A	AARRIED [		imore	Cit			MD.
4	В	altimo	re	Sinai	CILITY, GIVE STREET	spital	OTHER INSTITUTION	F	JSUALOCCUPA OR MOST OF WORKI Dispato	NG LIFE)	DF WORK	OR IN	of Business Dustry nty Go	
5	Illa, S1		131 COU	e or other institution, GI NTY I <b>ltimore</b>	13c. CITY OR		13d. INSIDE CITY LIM		street addres		rt			
0	14. FA	THER'S NAME FIRST Edwa		MIDDLE G.	Lewis		15. MOTHER'S A	MAIDEN NA		DDLE	Zerb	LAST OOla		
2			D EVER IN U.S. A			SECURITY NO. 8-7839	Mrs. J		Lewis	ADDRESS S			,	
	z	gave ri couse (o lying cas		le / (b)	AS A CONSEC		SEASE OR CONDITION GIVE	N IN PART 1 (o).						
2	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHIC					N WAS PERFORMED	?				20 AUT		X
3	MEDICAL CERT	UNDERLYING CONTRIBUTI	AL CAUSE WAS  OR  OCCURRED  NOT WHILE  ALWOOD	FDEATH 4:01 M	OF INJURY (ATTORY, FARM, ETC.)	171982 S AT HOME, 21f.	Self infli LOCATION STREET	cted	WOUND CITY OR TOW	N	COU	INTY	STA MD	TE
		WHILE NOT WHILE AT WORK XX hallway Bldg#c 100 IndustryLane Cockeysville Bal  220. I certify that I took charge of the remains described above, held an Autopsy . Inspection XX, Inquiry . and in my ap death resulted from: 1 Natural causes . Accident . Suicide XX, Hamicide . Undetermined manner  ACTUAL								I in my api	inian	20/82		
2	-	SIGNATURE, EXAMINER'S (TYPE OR PRI		ormez R. G			ADDRESS_11	1Penn:	Street,		SIGNED,			
	(5	Cre	TION,REMOVAL	236 DATE 8/21/82			k Crematory	ry	LOCATION Baltin		coun Mar	rylan	STATE d	
		INERAL DIRECT		al Home,	Inc. 10	50 York	Road	AUG 2	4 1982	Sol	harss	L Cou	melf	

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Brehms Lane Baltimore

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

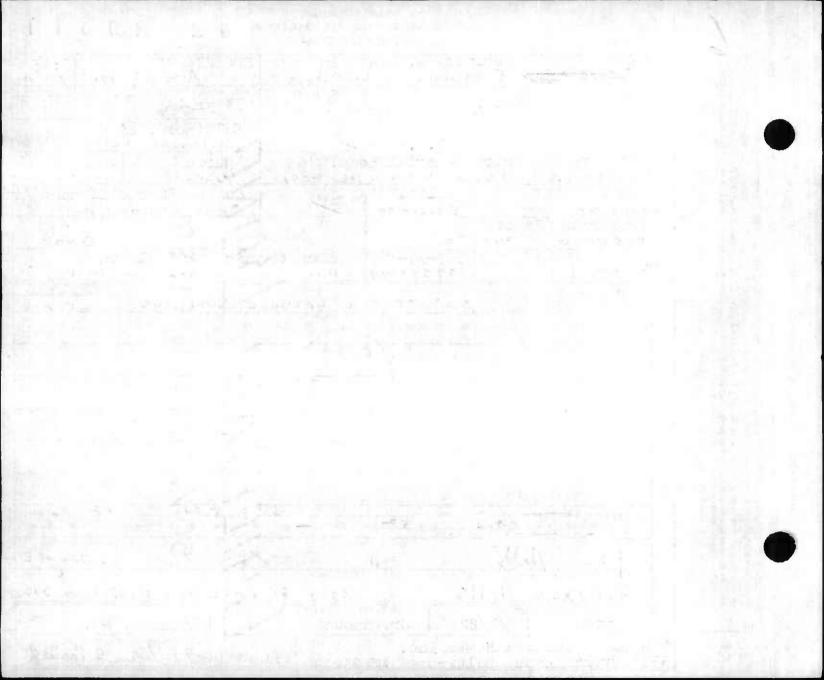
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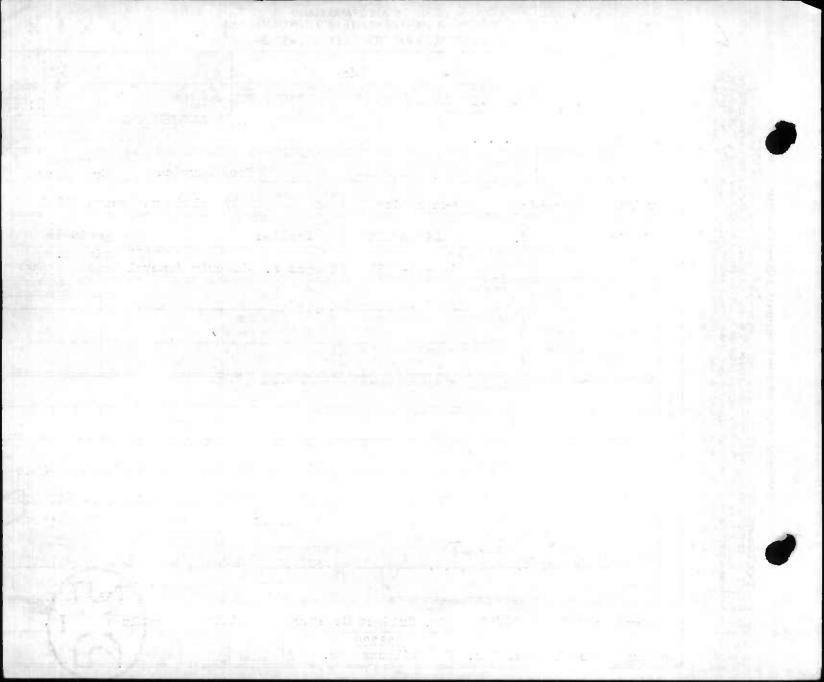
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(VRA 15, 4)

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FOR

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 2h HOUR LIVPE OR PRINTS Litz H Katherine August 13, 1982 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR ABT11 12, 1911 White 77 Female BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MR ETWORKED INDUSTRY Supervisor Lion Brothers Co Hamilton Nursing Center Baltimore WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13e STREET ADDRESS Baltimore 13d. INSIDE CITY LIMITS? Maryland YES [ 4208 Willshire Ave NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bruff LAST Edith ELitz M George medicol 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-05-1743 Mr A. Milton Litz Same No ŧ APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per la for i PART I. DEATH WAS CAUSED BY: ō DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ Hygi S 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ruse os the buriol-tr Health and Mental (IF EITHER NOTIFY MEDICAL EXAMINER ŏ MED 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STREET STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) morked WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from muasy sow the deceased alive on\_ and that in (10%) (authopinion death occurred on the date and hour and from the causes stated above, (1) (wes (did) (did not) view the body after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Marion C Kowalewski M.D.

22b. SIGNATURE,

230 BURIAL CREMATION REMOVAL

(SPEC Burial

23c NAME OF CEMETERY OR CREMATORY Holy Redeemer

DEGREE

Baltimore, Maryland

22c. DATE SIGNED

250. DATE REC'D. BY REGISTRAR 25b. PEOISTRAR'S SIGNATUSE

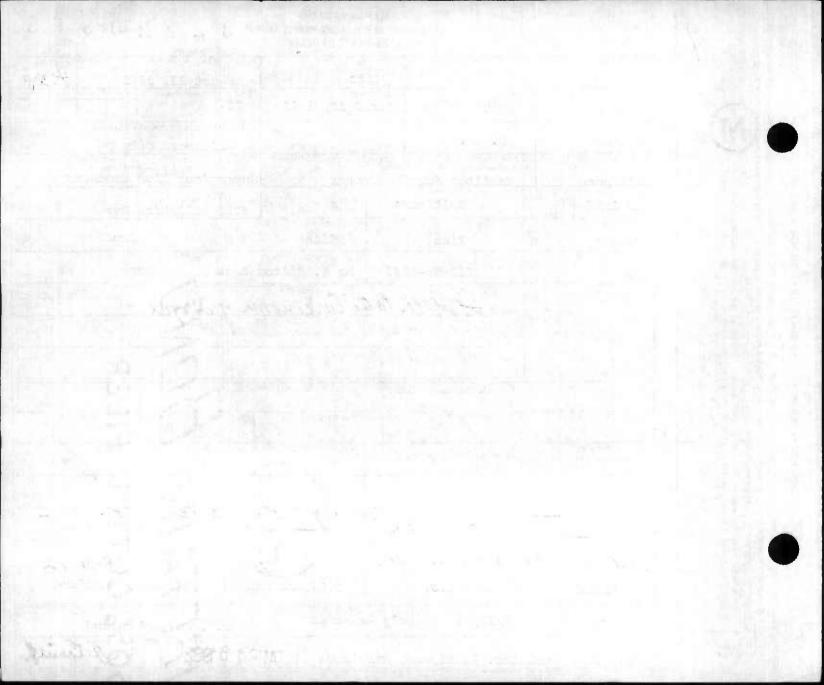
8604 Harford Rd Baltimore, Maryland

Leonard J Ruck Inc. Baltimore, Maryland

8/17/82

23d. LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [



FOR STATE REGISTRAR
DECEASED NAM
I.SEX
FEMALE
MIRTHPLACE (
MARYLAN
CITY OR TOWN
Baltimo
USUAL RESIDENCE
MARYLAND
A FATHERICALIAN

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

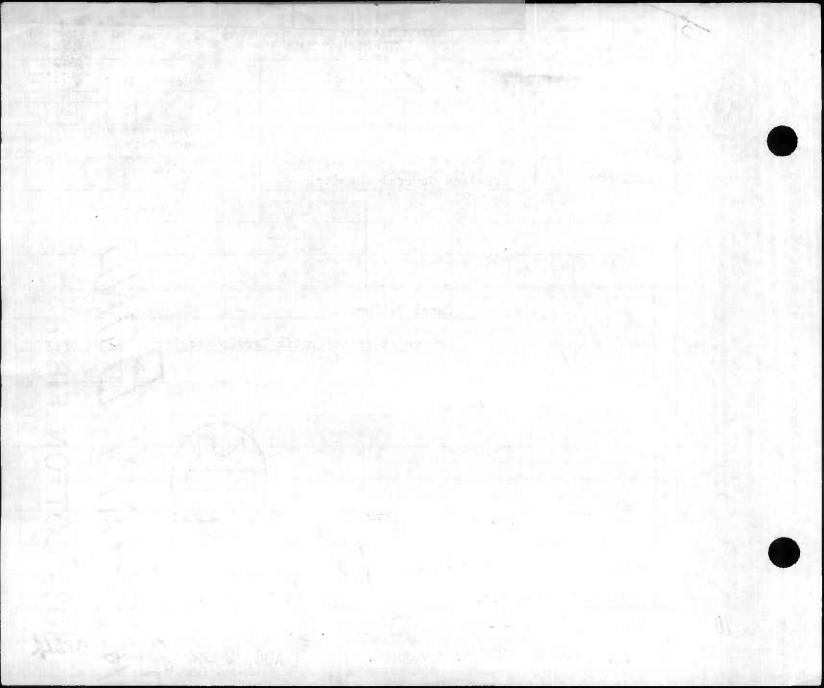
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REGIOTATA			REG. NO.	
(TYPE OR PRINT)	RST MIDDLE	Liverpool	20. DATE OF DEATH MONTH	1082 7:30P
	GUERITE M.	•	August 3,	1902
1.5EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
FEMALE	BLACK	9 28 YEAR 3	183	
TO MIRTHPLACE (STATE OR FOREM		MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
MARYLAND	us	widowet XX Divorced	Baltimore Ci	ML
Baltimore	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION (E STREET ADDRESS)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
	MATYIANG C	General Hospital		
MARYLAND 136	COUNTY 13c CITY O BALTI	THORE 13d. INSIDE CITY LIMITS	1541 MONTPELI	ER ST.
14 FATHER'S NAME	MIDDLE LA	15 MOTHER'S MAIDEN	NAME	LAST .
WILLIAM		ATLEY LENA		FORMAN
160 WAS DECEASED EVER IN L (YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES? 16b SOCIA YES, GIVE WAR OR DATES)	L SECURITY NO. 17 INFORMANT	ADDRESS	
NO		CELESTINE	ANDERSON 1541	MONTPELIER ST.
18 CAUSE OF DEATH (E PART I, DEATH WAS	nter only one couse per line for (a),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	MEDIATE CAUSE (0) Ren	nal Failure		2 years
14272	DUE TO, OR AS A CON			
Conditions, if ony, wh	ich ( (b) Set	vere Atherosclerotic	Cardiovascular	>10 years
	the DUE TO, OR AS A CON	ASEQUENCE OF Disease		
underlying couse la	ost. (c)			
PART 2 OTHER SIGNIFIC		IG TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION O	IVEN IN PART 110
OIT.	Crohn's Disease			
19a. DATE OF OPERATION	196 CONDITION FOR V	which operation was performed	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \begin{align*} \text{VES} &
210. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
		H DAY YEAR		
OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICAL E)  21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, (	OFFICE, FARM, ETC ) STREET	CHYORIOWN	COUNTY
22a I certify tho KK (this sow the deceased o	hospital) arended the degosed live on August 3		32 to August 3	, 19_82, that (X (we) lost
obove, (we) (did) (	view the body ofter death.	DEGREE		22c DATE SIGNED
Moliano	med Asker	WHI & ATTENDING PHYSICIAN		8/3/82
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	22e ADDRESS	T DIRECTOR THISICIAN DE	
Mohammad A	Aslam, M.D.	C/O Mary	land General Hosp	oital
230 BURIAL CREMATION, REM	OVAL   236. DATE   8-7-82	230 NAME OF CEMETERY OF CREMATO ARBUTUS MEM. PK.	RY 23d LOCATION BALTIMORE	COUNTARYLAND
24 FUNERAL DIRECTOR EMEL. PHILL	IPS 1721 N. MC	INROE ST.	AUG 9 1982	ling Betruf

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. should be detoched for us with the State Dept. of He IMPORTANT, if them 21 is

bund-transit permit. Then pleas Merdal Hygierie prior to burial.



## STATE OF MARYLAND

20

					REG. N	10.			
1. DE	CEASED NAME FIRST	JULES)	1	nas Ton)	20 DATE OF DEATH	MONTH 28	30	YEAR 8Z	26 HOUR - 20
J. SE		4 RACE White	S. DATE C	OP BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BE	IRTHDAYJ YRS	MONTHS	DER TYEAR	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	7b. CITIZEN OF WHAT COUNTR USA	Y? 8.	D XX NEVER MARRIED	9. BALTIMORE CITY OF	OR COUN	ITY OF D	EATH	M
de la	Baltimere	(IF NOT IN SUCH FACILITY GIVE STR	Bi Ho	OR OTHER INSTITUTION	126. USUAL OCCUPAT		OYED	KIND O	F BUSINESS OF
130.	MARYLAND 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEF NTY BALTIMO		13d. INSIDE CITY LIMITS?	13°6201 ADDRESS	HTS	• AV	E.	#21215
14 F/	ATHER'S NAME ISAAC	LIVINGST	ON	15 MOTHER'S MAIDEN NA				KAPP	ELMAN
	NAS DECEASED EVER IN U.S. AI	UT 1111 D DD D 1111	CURITY NO9327A		. MIRIAM LI		STON	MD	21215
	0 11.1 11		11 19 1100						
ATION	Treumon		GSCUL ODEATH BUT Renu	NOT RELATED TO THE TERM					
RTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE	GSCUL ODEATH BUT Renu	NOT RELATED TO THE TERM  THE TERM  WAS PERFORMED	VINAL DISEASE OR CON  200 AUTOPSY?  YES   NOD	20b. IF Y	YES, WER TIFYING YES [	E FINDIN CAUSES	IGS USED OF DEATH?
	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OFFICE SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMEN NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE	CONDITIONS CONTRIBUTING TO THE CONDITION OF THE CONDITION OF WHICE THE CONTRIBUTION OF	DAY YEAR  19  E FARM ETC.)	NOT RELATED TO THE TERM	VINAL DISEASE OR CON  200 AUTOPSY?  YES   NOD	20b. IF Y IN CER	YES, WER TIFYING YES 8 PARTIO	E FINDIN CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a) stating the underlying cause lost.  PART 2. OPHER SIGNIFICANT  19e. DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER. NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  AT WORK NOTIFY MEDICAL EXAMINE  22d. 1 certify that (I) (this hosp saw the deceased alive ar above, (I) (we) (did) (did not 22b SIGNATURE)	CONDITIONS CONTRIBUTING TO THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICE THE CONTRIBUTION FOR WHICE THE CONTRIBUTION FOR WHICE THE CONTRIBUTION FOR THE CONTRIBUTION OF THE CONTR	DAY YEAR  19  E FARM ETC)	NOT RELATED TO THE TERM  M FAILURE  N WAS PERFORMED  216 HOW INJURY OCCUR  216. LOCATION  STREET	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJECTION TO	20b. IF Y IN CER JRY IN ITEM T	YES, WER TIFYING YES	E FIND IN CAUSES	IGS USED OF DEATH? NO  STATE
	gove rise to immediate cause (a) stating the underlying cause lost.  PART 2. OPHER SIGNIFICANT  19e. DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER. NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  AT WORK NOTIFY MEDICAL EXAMINE  22d. 1 certify that (I) (this hosp saw the deceased alive ar above, (I) (we) (did) (did not 22b SIGNATURE)	CONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICE  19b CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICe  ital) attended the deceased from 19 11 view the body after death.	DAY YEAR  19  E FARM ETC)	NOT RELATED TO THE TERM  A FAILURE  N WAS PERFORMED  216 HOW INJURY OCCUR  216. LOCATION STREET  24 , 19 8 2  and that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJECTION TO	20b. IF Y IN CER	YES, WER TIFYING YES	DUNTY  2c. DATE	IGS USED OF DEATH? NO  STATE  that (1) (we) lose couses stated

DHMH-16 50M 1/B1 (VRA 15, 4)

MPORTANT: If them 21 is marked (1) In 18 shows any injury, or ather traumatic event, the TO FUNERAL DIRECTOR: After the carifficate has been signed by the offending physis should be detached for use as the faulting fransit permit. Then please remove carbon popowith the State Dept. of Health and Mental Hingiene prior to burial, cremation, or removal

THE RESERVE OF THE PROPERTY OF Can to grant and and the 22 22-7 12 22 23 27 20 1 200 250 Wester 1 SEP 8250 1 January Burney

## poge 3 LONCALA MARIANNA 6 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED m A55 WIDOWED DIVORCED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTO. CITY (TYPE OF WORK FOR MOST OF WORKING LIFE) H5WE BALT:MORE, MARYLAND 2120 UAL RESIDENCE (IF NURSING H IME OR OTHER INSTITUTION. 9016 BALTO 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MAD SPARROWS YES [ NO P 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME OSEPHINE WIN CENT! 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) EDWARD C. LONGALA UNK 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PRESTON ST. brain death IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF intracerebral hemorrhage Canditians, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICAT 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 8-61 22a. I certify that (IDthis hospital) attended the deceased from\_ saw the deceased alive an abave, (Diwe) (did (did not) view the bady after death 77h. SIGNATURE DEGREE Shun L. Morn, MD ATTENDING MEDICAL STAFF hould be deta PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

FOR

- STATE

(TYPE OR PRINT

REGISTRAR DECEASED NAME

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15.4)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE A-03 22c. DATE SIGNED 8-03-82 DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SACRED HEART OF MAR BY REGISTRAR 256. RECHSJRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a. DATE OF DEATH

MONTH

7h HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

X	FOR STATE REGISTRAR
	1. DECEASED NAM

CERTIFICA'

E OF DEATH	REG. N	Ο.	E.r.m			1
op	20. DATE OF DEATH	MONTH	23	1982	26 HOL	IR O
TH	6 AGE (IN YEARS LAST BIR	HDAY)		DER I YEAR	IF UNDER	24 HRS
14 1909	73	YR	MONTH	HS DAYS	HOURS	MIN

AMF TYPE OR PRINTE MARGARET 5. DATE OF BIR MONTH BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED T SIEN BURNIE 1026 BENINE DRIVE FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (SAME AS 13E NO 18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

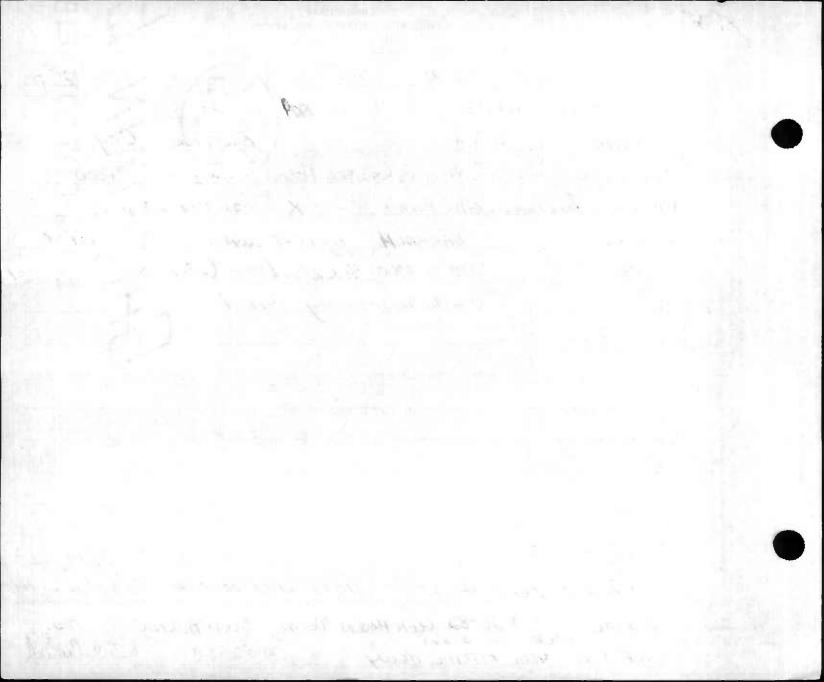
THE DATE OF OPERATION	THE CONDITION FOR WHICH OPERATION	N WAS PERFORMED	YES NO	IN CERTIFYING CAUSES  YES	
210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATI
270.1 certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did) (did not) vi	ew the body ofter death	d that in (my) (our) opinion	n death accurred on the do		couses stated

11052 LOCKWOODD DR.

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detac with the State D IMPORTANT: If

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	1 - STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG	IENE 8 2	2	0 6	1 8
	DECEASED NAME FIRST		MIDDLE	Į	AST		MONTH DAT	Y YEAR 26	b. HOUR
I	(TYPE OR PRINT) WILL	Taw .		TOCTA	CIN		09 3	282	305/
3	SEX WILLS	4 RACE		LOSIN 3 DATE O		6 AGE (IN YEARS LAST BIRTI	HDAY) IF		UNDER 24 HRS
	MALE	WHITE	Ξ		EB. 15, 1903	79			OURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	XX NEVER MARRIED	9 BALTIMORE CITY OF		FDEATH	***
1	CITY OR TOWN OF DEATH  BALTI MORE	(IF NOT IN SUC	HOSPITAL, NURS IN CHEACILITY, GIVE STREET	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N	126. KIND OF B	
1	BUAL RESIDENCE (IF NURSING MOME O 30. STATE 136. COU	R OTHER INSTITUTION		E ADMISSION)	134 INSIDE CITY LIMITS?	3939 ROLAN	APT. ND AVE	714 #212	211
1	FATHER'S NAME FIRST SOLOMON	WIDDLE	LOSINSK	Υ	15 MOTHER'S MAIDEN NAME FIRST SOPI	HIE		BERLIN	
1	60. WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? VE WAR OR DATES)	220-38-		3939 ROLAND	S. BERTHADDING AVE. BALTO	O., MD		211
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT RECENTION  19a DATE OF OPERATION	DUE TO, O	, Cert	ENCE OF  DEATH BUT  POPO	D Sepsis  NOT RELATED TO THE TERM  VOSCULAY  N WAS PERFORMED	INAL DISEASE OR CONP A C C C C C C C C C C C C C C C C C C C	20b. IF YES, V	WERE FINDINGS NG CAUSES OF	S USED DEATH?
	00.000,000,000,000	ATH HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR		YES [		мо 🗍
	(IF EITHER NOTIFY MEDICAL EXAMINE  214. INJURY OCCURRED  WHILE AT WORK AT WORK	21e. PLACE			21f LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
l		178 1 certify that ID (this hospital) attended the deceased from 1982, and that in (my) (our) opinion death occurred on the date and hour or the date and hour or							t (i)(we) last uses stated GNED
1	22d. PHYSICIAN'S NAME (TYPE (	OR PRINT)	MD		ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICI		8/2	182
	Paul Mil	lev			Union M		HOSP	rital	
L	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	AUG.3	,1982	DHEB S	EMETERY OR CREMATORY HALOM	23d LOCATION BALT IMOI	RE	MARYL	
2	FUNERAL DIRECTOR SOL 6010 REISTERST	LEVINSON RD.	V & BRÔS. BALTÔ.			UG - 5 1982	Sb. RESTATRA	R'S SIGNATURE	aniel

BALTO., MD

STATE OF MARYLAND

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detach with the State Des IMPORTANT # III

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1 600/	1. DS	REGISTRAR CEASED NAME FIRST HE IN	MIDDLE	Love		REG. NO	NONTH DAY YEAR 23 52	2b. HOUR
ON DO	3. SE	Male	Black	5. DATE OF BIRTH MONTH DAY	YEAR 8	AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
e funding		IRTHPLACE (STATE OR FOREIGN COUNTRY)  ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTS  USA  11. NAME OF HOSPITAL, NUR	MARRIED WIDOWED SING HOME OR OTHER IN	R MARRIED ' DIVORCED   12	Balti • USUAL OCCUPATION		THE MD.
If the triby the	130 130	AL RESIDENCE (IF NURSING HOME OR STATE		spital  FORE ADMISSION)  DWN 13d INSIDE	CITY LIMITS? 13	e STREET ADDRESS		
mpletely to	14 F/	ATHER'S NAME FIRST	MIDDLE LAST		R'S MAIDEN NAME	MIDDLE	Silvert	or ne RCI
the evecut		yes wu	WAR OR DATES) 220-03	3-3445 M	attie H.	Love 1	228 Silver	horne Rd
oth certification and against the company of the co		PART I. DEATH WAS CAUSE	ly ane cause per line far (a, (b), D BY: E CAUSE (a)  DUE TO, OR AS A CONSE	spritor	y drie	24.	BETWEEN	CIMATE INTERVAL ONSET AND DEATH
that the decided by the attachments of contract tour	1	Canditians, if any which gave rise to immediate cause (a), stating the underlying cause last.	due to, or as a consec	QUENCE OF	atie Di	addir Ca	nev	
een sgreen it. Then plo nor to boos	NTION	PART 2. OTHER SIGNIFICANT OF		O DEATH BUT NOT RELATI		AL DISEASE OR COND	ITION GIVEN IN PART 1	
A. The kay state has been by the state of the state of th	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	] 216. TIME OF INJURY	21c. HOW		YES NOT	IN CERTIFYING CAUSES YES	OF DEATH?
3 PHYSICIAN mending ph in this centifi the buright and Mendal ced or frem	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, IN JURY OCCURRED		19 211 LOCAT		CITY OR TOW	vn COUNTY	STATE
ATTENDING spiral or s CTOR. Atta for one as of Health		Mo I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did na			y) (aur) apinian dea	, ta 8/2 th accurred an the date	te and have and fram the	that (I) (we) last
HOSPITAL OR Amed by the he h		276 PHYSICIAN'S NAME (TYREO	Param fr	DEGREE MODEL	PHYSICIAN [] D	MEDICAL STAFF DIRECTOR PHYSICI		SIGNED 23/62
TO HOSPITAL ( retoined by the TO FUNERAL II should be deto with the Store II IMPORTANT; if	230. 1	BURIAL, CREMATION, REMOVAL	TREAN JE 23b. DATE 2	MD De	pt of	Medicine 23d. LOCATION	Balt (	ity Hop
DHMW-16 50M 1/81 (VRA 15, 4)		Burial UNERAL DIRECTOR	8/27/82	Cedar Hill	25e. DATE RE	C'D. BY REGISTRAR 2	ndel Co., M	
		Wm C March F/H,	Inc. 1101 E.	North Ave.	I AUG	3 2 4 1982	goung.	

Them it Done S-25cm - 200 F Company of the Company AND THE PROPERTY OF THE PARTY O

it director, page 3 hours ofter death

may be

executed within 24 hours ofter death

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8	2 REG.	NO.	2	0	6	2	1
DECEASED NAME	FIDST	MIDDLE	LAST	2n DATE C	OF DEATH	MONTH	DA	Y Y	EAR	2h HOUR	2

REGISTRAR		CERTIFICATE OF L	EATH	REG. NO	<b>5</b> .		
I. DECEASED NAME FIRST HTTPE OR PRINT) WILLIA	AM THOMAS	LOVELL		26. DATE OF DEATH	MONTH DAY	YEAR 82	26. HOUR P
3. SEX Male	White	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN MALYLAND	76. CITIZEN OF WHAT COUN	MARRIED WEVER	MARRIED D	BALTIMORE CITY O		FDEATH	MD.
BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INST STREET ADDRESS) DRE, MARYLAND 2		20. USUAL OCCUPATION OF THE STATE OF WORK FOR MOST OF THE STATE OF THE	of BUSINESS OR		
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE  Maryland  Bal	NTY INSTITUTION GIVE RESIDENCE NITY OF CATON	BVILLE YES _	ITY LIMITS?	30. STREET ADDRESS 1208 Red	cliffa	Rd.	
Gaorga	MIDDLE Lovel1	51	s MAIDEN NAMI FIRST <b>Margarat</b>	MIDDLE		Jatsor	
WAS DECEASED EVER IN U.S. AL	IVE WAR OR DATES)	SECURITY NO. 17. INFORMA		Loss, 120		liffe	Rd.
	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION			AL DISEASE OR CON		IN PART 10	0
190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	196. CONDITION FOR V	VHICH OPERATION WAS PERFO	DRMED	20s AUTOPSY?	20b. IF YES, V IN CERTIFY IF YES		NGS USED S OF DEATH?
OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AMOUNT  22c. I certify that A (this hasp saw the deceased alive a above. M (we) (aid) (did.)  27b. SIGNATURE	HOUR A.M. MONTI P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C  10101) ottended the deceosed of August 10  61) view the body ofter death	from July 9  PEGREE  DEGREE  211. LOCATR STREET  PORT SULY 9  DEGREE  220. ADDRES  3900	on 1982 (our) opinion de ATTENDING PHYSICIAN  SS Loch Rav	CITY OR TO  CITY OR TO  CITY OR TO  AUGUST  CONTROL  STAI  DIRECTOR PHYSIC  PEN BLUD. B	10 19 ote and hour a	nd from the	SIGNED 11/82
236. BURIAL, CREMATION, REMOVA (SPECIEY) Burial	8/14/82	New Cathedral		23d LOCATION CITY OF TOWN Beltimore	,	оинту Мај	rylend

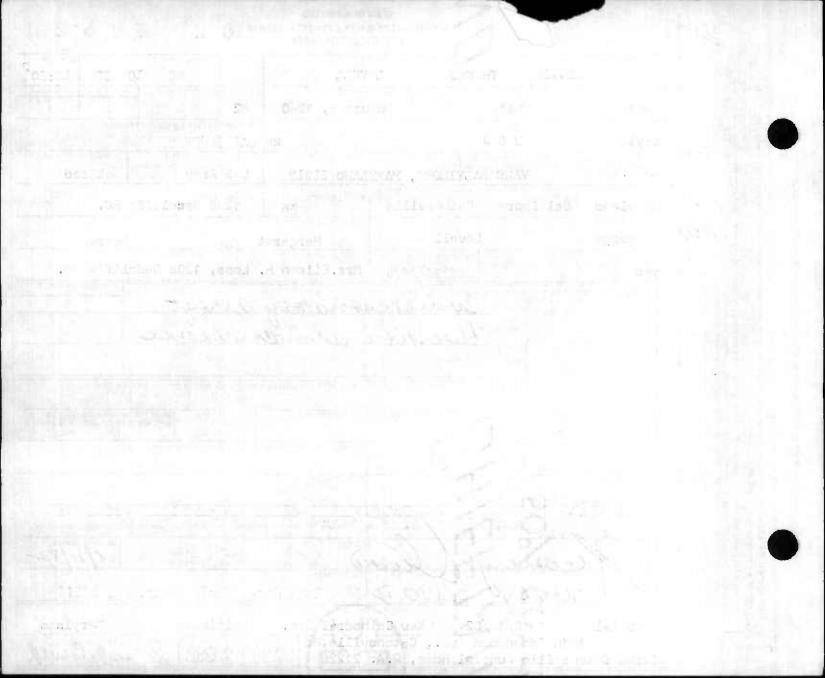
Witzke Catonsvilla Funeral Home, P.A. 21228 AUG

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, m

JO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.



FOR

- STATE

REGISTRAR

	0 10		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HO	OUR
100	1	11111	CHARL	ES R.	LOWE	08-05	-82 4:	50
132		1 5E	× 14	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR		DER 24
100	in the		MALE	BIK.	2 28 1913	~	YRS.	
2 P	25%		RTHPLACE (STATE OR FOREIGN 7)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		R COUNTY OF DEATH	
Tan I		0	ALTO. Ma.	U. S. H.	WIDOWED DIVORCED			
by the	49	10. CI	BALTO	(IF NOT IN SUCH FACILITY, GIVE STREET A	GHOME OR OTHER INSTITUTION (DDRESS)	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF POSTAL SOM	F WORKING LIFE) - INDUSTRY	
filled in hould be	35	130. 5	AL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT		1 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Augusta Au	2.
ond 2 s	30C	14. FA	THER'S NAME THARLES	R. Low	15 MOTHER'S MAIDENN FIRST ANNIE	MIDDLE	GASAWAY	T
1. Pages 1	e medico		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 16b. SOCIAL SECUI WAR OR DATES) 2.15-01-0	17 INFORMANT 1699 HATTIE E	Lowe 6	SS	- 114
andoduor andoduor	removal.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		Colon, metas	tatic (E)	APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DE
offender over cort	fron. or gumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF	+	10n).	
by the	Control officer fr		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF		ALE	
Then ple	to buria	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
hos been	out But	RTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO	ATH?
certificati	Nem 18 of	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
er tha	ked or	MEDI	21d. NJURY OCCURRED  WHILE NOT WHILE ALWORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, EIC ) 211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

220.1 certify that M (this hospital) attended the deceased from

obove (b) (we) (did) (and not) view the body ofter death

MERCADO

23b. DATE

sow the deceased olive on\_

22b. SIGNATURE

230. BURIAL CREMATION

07-05-

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

YEAR

2b. HOUR 4: 50AM

12b. KIND OF BUSINESS OR

Woodbourne APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

GENER

22c. DATE SIGNED

19 32, and that in (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL

STAFF

DIRECTOR | PHYSICIAN

23d. LOCATION

IF UNDER 24 HRS

should be detached for use o with the State Dept. of Health TO FUNERAL DIRECTOR IMPORTANT 0 ■DHMH - 16 50M 1/81 (VRA 15, 4)

William 21

ALTO 256 DATE REC'D. BY REGISTRAR ISIN BE

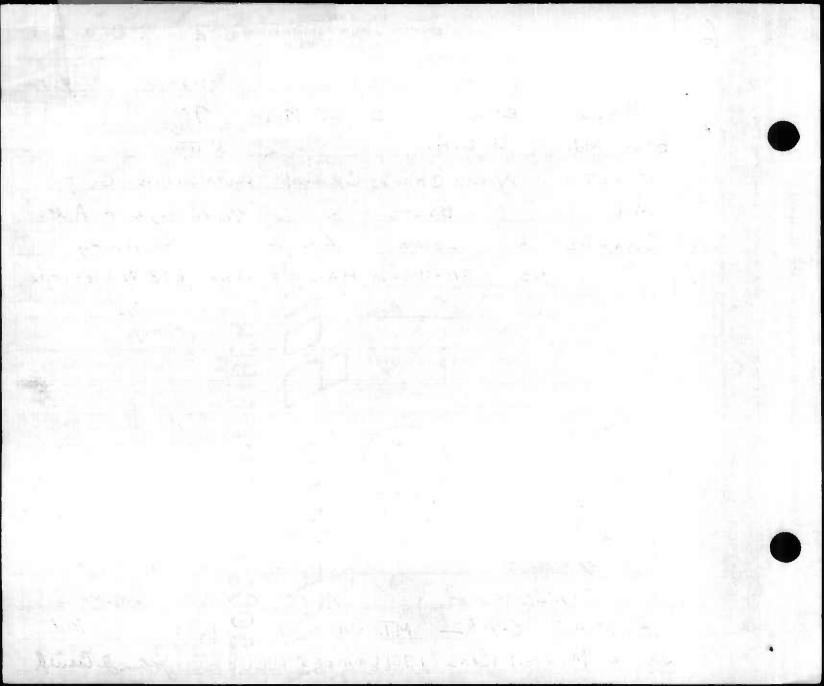
DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

ATTENDING

PHYSICIAN



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		FOR		DEDAD		OF MARYLAND EALTH AND MENTAL HYGI	IENE () *)	2	0 6	22
	1-	- STATE REGISTRAR		DEFAR		ICATE OF DEATH	REG. N		0 0	line line
		CEASED NAME FIRST EOR PRINT)		MIDDLE LU	BEREC.	KT	AUGUST 3			26. HOUR 8:35 A
	3. SE		4 RACE	11 110	5. DATE C		6 AGE (IN YEARS LAST BIR	•	UNDERTYEAR	IF UNDER 24 HRS
١		Female	White		June		76	YRS.	DAYS	HOURS MIN.
L		IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	(2 8		9. BALTIMORE CITY C		F DEATH	
1		Poland	United	States	MARRIE	DINEVER MARRIED	BALTIMOR			MD.
17	BALTIMORE  11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOM				ING HOME C	ROTHER INSTITUTION 120 USUAL OCCUPATION			12b. KIND OF BUSINESS OR	
5	Mo.	AL RESIDENCE (IF NURSING HOME OF Tyland 13b COUR Ci	OTHER INSTITUTION TY TY	GIVE RESIDENCE BEFO 13c. CITY OR TO Baltin	WN	138. INSIDE CITY LIMITS? YES <b>X</b> NO	13e STREET ADDRESS 525 S. La	kewood	Aven	ue 2122
0		ATHER'S NAME Oseph Lapinski	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM FIRST Marrianna	Stankiewi	cz	LAST	
1		VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	212-32		17 INFORMANT H. Blazejak	Rt. 2 Box		enton,	Md.
Company of the last	2	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	r as a conseo	UENCE OF	Ma of the Gollo		DITION GIVE	N IN PART 1(a		
10	ATIO	190 DATE OF OPERATION		NDITION FOR WHICH OPERATION WAS PERFORMED			20g AUTOPSY?	Tank IF YES	WERE FINDIN	CSTISED
1	IFIC	March 1982				Ductal Stones	YES IN NO	IN CERTIFYI	NG CAUSES	OF DEATH?
7	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME O HOUR A.	F INJURY M. MONTH		21c. HOW INJURY OCCURRI			1 1 OR PART 2)	NO []
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY SEET, FACTORY, OFFICE	E, FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	4.7	220.1 certify that (1) (this hospi saw the deceased alive an above, (1) (we) (bid) and no 22b. SIGNATURE			명고, an	d that in (my) (our) opinion d DEGREE ATTENDING	eath occurred on the do	ate and haur o	22c. DATE S	
		22d PHYSICIAN'S NAME (TYPEG	CULWI	IMO	649	, Thiretelant	DIRECTOR PHYSIC		83	32
	P	CHARLES CR		MP		22e ADDRESS JOHNS Hopk	ins HUSDITA	6		
	23a. 8	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b DATE 8/6/8			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltimo		county	STATE

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and centrally be detached for use as the burial-transit permit. Then please remove carbonapapers. Pages I with the State Dept. of Health and Amental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or Item 18 spows only injury, or other traumatic event, the medical BP. 250 DATE REC'D. BY REGISTRAR 250 P. GISTRAR'S SILVATION AUG - 5 1982 24 FUNERAL DIRECTOR
Wm. Fialkowski 2007 Eastern Avenue 21231 ●HMH - 16 50M 1/81 (VRA 15, 4)

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executed within 24 hours

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O HOSPITAL OR ATTENDING PHYSICIAN: The law

attending physician

etained by the hospital

BP

1	STATE OF MARYLAND  1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 0 6 2 3  CERTIFICATE OF DEATH  REG. NO.									
	Anna M	arie Lucq		8	17 82	26 HOUR 4/7 PM				
-	Female Cauc		25 04	6 AGE (IN YEARS LAST BIRTHE	YRS DAYS	IF UNDER 24 HRS HOURS MIN.				
5	"U.S.A.Md. U.S.	MARRIED WIDOWE	DIMEVER MARRIED U	9 BALTIMORE CITY OR	of Balt.	MD.				
3	Balt. South	OSPITAL, NURSING HOME O FACILITY, GIVE STREET ADDRESS)  SIVE RESIDENCE BEFORE ADMISSIONI	HOSP.	120 USUAL OCCUPATION TYPE OF MORK FOR MOST OF W		F BUSINESS OR				
3			13d INSIDE CITY LIMITS? YES NO XX		y Rd. Glen Be	urrie				
20	Thomas MIDDLE	Martin	15. MOTHER'S MAIDEN NAM	Z MIDDLE	Schlen	ech				
2	(YES, MOOR UNKNOWN) (IF YES, GIVE WAR OR DATES)	212-22-2604	Robert Lucas,	1309 Tarra		Burnie.				
	18. CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardiorest	piratory A	thest	APPROXIM BETWEEN O	MATE INTERVAL				
	Conditions, if ony, which	AS A CONSEQUENCE OF	fractory co.	westive !	pearte					
	gove rise to immediate couse (a), stating the underlying cause lost	AS ASONSEQUENCE OF PAIN	lure-const	equence of	(b)					
	PART 2. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI		TION GIVEN IN PART 110					
1	RTIFIC	ION FOR WHICH OPERATION		YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [					
7	210. ACCIDENT WAS UNDERLYING 710. TIME OF HOUR A.M. OR CONTRIBUTING 710. CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.	MONTH DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY I	IN ITEM 18 PART I OR PART 2)					

MED 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE AT WORK NOT WHILE

l certify that (1) his hospital) attended the deceased from sow the deceased alive an 19 above, (1) (we) (did) (did not) view the body after death. 22a. I certify that (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF
PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b. DATE Aug. 21, 1982

Burial

131. NAME OF CEMETERY OR CE Holy (ross (e) 21225 Cemetery

Battimore,

Maryland

OHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the buriof-transit permit. Then please remove corban popers. Pages 1 and 2 should be filled in by the whith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shaws any injury, ar other troumotic event, the m

24 FUNERAL DIRECTOR Tully Funeral Home, 237 E. Patapsco Ave. Balto. Mt. To be controlled by the same than the Alma Bur Luces Faring CAME. 2 25 04 U.S.A. Profession of the State Bath I was K Bath Con Hosp & the Morrows aure an area de maleira de la companya de la compa ---- mixin nixma The state of the s Cantiolespitatory After EN stage retry lay come has the Fent to live or continued of (1) 2 12 7 7 27 0 82 8-17 8-29 6 17. Teston 18. D. S. Hanser, Batt. 1116 BIR 74 69 - 4000 H. 2 1008 control control was execute and the control of the A Property of the Control of the Con

	Ite	ms 21a-22a G5	370 8/30/82 da	STATE OF MARYLAND		
10	1	POR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H	YGIENE 8 2 REG. NO.	20624
b		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
8		ESTHE		LUCKETT	00	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 mo	1. SEX	FEMALE	1. RACE BLACK	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
S Popularion of the second of	7a. BIF	THPLACE (STATE OF FOREIGN DUNTAN)	76. CUIZEN OF WHAT COUNTR	Y? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED 1		CTU MD.
offer d	P	Alimore	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION  SELVED TO BE SELVED THE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	NG LIFE) 126. KIND OF BUSINESS OR INDUSTRY  Soc. Sec.
ND 2120 24 hours alled in b	13a. S	RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION. GIVE RESIDENCE BEF	ORE ADMISSION)		Lield Rd.
MARYLA ed within npletely is ond 2 sho	14 FA	THER'S NAME FIRST	MADOLE DINO/E	15. MOTHER'S MAIDEN N	NAME MIDDLE	n Dowell
MORE, nond car		'AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SE (2 WAR OR DATES)	CURITY NO. 17. INFORMANT	Sims 3301 B	veleith Ave
W. PRESTON ST., BALTI or the death certificate by the attending physicial se remove carbon papers. cremation, or removal. ather traumatic event, the		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSECT	DUENCE OF LA CGRAN	NEGATIVE	ATICK  AT
DIVISION OF VIT AL RECORDS, 201 ING PHYSICIAN: The low requires the offereding physician.  Wher this certificate has been signed I as the burial-transit permit. Then plea the and Mental Hygiene prior to burial orked or tem 18 shows any injury, or	MEDICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT OF ACUTE LETA  19d. DATE OF OPERATION  0.7-20 - 92  21d. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (HE EIMER, NOTIFY MEDICAL EXAMINE)  21d. IN JURY OCCURRED	196. CONDITION FOR WHI  SKINGER  TO BE AM. MOST 1/2  P.M.  216. PLACE OF INJURY  216. PLACE OF INJURY	3/82EAR Patient w	20 PALLE 200 II N CE  VES NO NINCE  URRED (ENTER NATURE OF INJURY IN ITEA  SMOKING IN	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO NIB PART (OR PART 2)
1. OR ATTEND the hospital of 1. DIRECTOR: A stacked for use to Dept. of Heal : If Hem 21 is m	WE	saw the deceased alive or	ital) attended the deceased from	n 0/- 1/- 1980 ond that in (my) (aur) opini  DEGREE	on death accurred on the date and	. 19 62, that (I) (we) lost
O HOSFITAL Province by 1 To FUNERAL hould be de-		22d. PHYSICIAN'S NAME (TYPE OF CESAR GA	ameda, n	N-CHARU	& GENERAL	HOSPITAL
006 BP172	K	URIAL, CREMATION REMOVAL DECIFY) JUNEAL DIRECTOR	8-11-82 H	-bulus mem. TAL	K BAITOI	COUNTY SAIR ASSIGNATURE
1MH - 16 50M 4/B2 (VRA 15, 4)	10		185 2222 W	North Aver Al	JG - 9 1982 Jo	and Coulf

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